

SERFF Tracking Number: GPML-125744044 State: Arkansas  
 Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 40129  
 Company Tracking Number: 59C UL2008  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: 2001 CSO - Individual Life/UL  
 Project Name/Number: 2001 CSO - Individual Life/59C UL2008/59C UL2008

## Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: 2001 CSO - Individual Life/UL SERFF Tr Num: GPML-125744044 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40129

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: 59C UL2008

State Status: Approved-Closed

Filing Type: Form

Co Status: Approved

Reviewer(s): Linda Bird

Authors: Linda Boydston, Norma Castillo

Disposition Date: 10/24/2008

Date Submitted: 09/02/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2001 CSO - Individual Life/59C UL2008

Status of Filing in Domicile: Pending

Project Number: 59C UL2008

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Pending approval in state of Texas.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/24/2008

State Status Changed: 10/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing contains no unusual or controversial items from normal Company or industry standards.

59C UL2008 - Policy provides coverage to age 100, with cash surrender value payable at age 100 maturity date.

Permits choice of either Death Benefit Option A – level amount, or Option B- death benefit increased by accumulation

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value. Specified amount of death benefit may either be increased or decreased after the first year, within limits and with evidence of insurability on increases. Premium may be increased, decreased, or suspended, so long as there is a cash surrender value (minimum premium period is 15 years and is no way construed to be a lifetime minimum premium period). Monthly deductions withdrawn from the accumulation value to pay fees, cost of insurance for the base policy and for any attached supplemental benefits and riders. Current values based on current premium expense charge, monthly policy fee, monthly per unit expense charge, and current cost of insurance and interest rates (guarantees are 7.50% premium expense, \$6.00 monthly policy fee, \$0.15 per unit monthly expense charge, mortality guarantees based on 2001 CSO Mortality Table Smoker or Non-Smoker and 3.00% interest). Minimum policy size \$15,000, with size banding at \$100,000 and \$250,000. Male and female insureds, ages 0-80. Participating, but do not expect to pay dividends. This policy form will be issued with an illustration.

The following Supporting Documents are included in the filing: Actuarial memorandum, Sample "John Doe" Application form previously made available in your jurisdiction, Sample Illustration, Sample Statement of Policy Cost and Benefit Information, and a Sample Annual Statement.

Policy is intended for the general market and will be individually solicited through licensed agents.

Form 58H CBR06, approved by your jurisdiction September 13, 2006, will be used with this form.

This form is a new submission. It has not previously been disapproved. It is not intended to supersede a form previously submitted but not yet approved. Forms are in final print format; however we reserve the right to change the format of the forms due to technological advances. The application form, in the format shown in this filing, will be made available on our website so it may be printed by our agents and sent to us. We will require physical signatures and will not accept electronic signatures.

## **Company and Contact**

### **Filing Contact Information**

Norma Castillo, Regulatory Filing Assistant      [anc@gpmlife.com](mailto:anc@gpmlife.com)

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2211 N.E. Loop 410 (800) 938-4765 [Phone]  
San Antonio, TX 78217 (210) 357-6722[FAX]

**Filing Company Information**

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas  
Company  
2211 N.E. Loop 410 Group Code: Company Type: LAH  
P.O. Box 659567  
San Antonio, TX 78217 Group Name: State ID Number:  
(800) 938-4765 ext. 2814[Phone] FEIN Number: 74-0651020  
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## Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? Yes

Fee Explanation: \$100.00 for approval.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$100.00	09/02/2008	22234763



SERFF Tracking Number:	GPML-125744044	State:	Arkansas
Filing Company:	Government Personnel Mutual Life Insurance Company	State Tracking Number:	40129
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	2001 CSO - Individual Life/UL		
Project Name/Number:	2001 CSO - Individual Life/59C UL2008/59C UL2008		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/24/2008	10/24/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/10/2008	09/10/2008	Linda Boydston	10/24/2008	10/24/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Universal Life Form		Norma Castillo	09/08/2008	09/08/2008

<i>SERFF Tracking Number:</i>	<i>GPML-125744044</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Government Personnel Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40129</i>
<i>Company Tracking Number:</i>	<i>59C UL2008</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>2001 CSO - Individual Life/UL</i>		
<i>Project Name/Number:</i>	<i>2001 CSO - Individual Life/59C UL2008/59C UL2008</i>		

## Disposition

Disposition Date: 10/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GPML-125744044 State: Arkansas

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Illustration Actuary Certification		No
Supporting Document	Sample Illustration		Yes
Supporting Document	Statement of Policy Cost and Benefits		Yes
Supporting Document	Sample Annual Statement		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Marketing Disclosure		Yes
Supporting Document	AR Notice		Yes
Supporting Document	Certification for Reg 34		Yes
Form (revised)	Universal Life		Yes
Form	Universal Life		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/10/2008  
Submitted Date 09/10/2008

Respond By Date

Dear Norma Castillo,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/24/2008  
Submitted Date 10/24/2008

Dear Linda Bird,

### Comments:

Thank you for your review of this filing.

### Response 1

Comments: Certification attached.

### Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

SERFF Tracking Number:	GPML-125744044	State:	Arkansas
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Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

**Changed Items:**

## Supporting Document Schedule Item Changes

Satisfied -Name: Certification for Reg 34

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let us know if additional information and/or changes are needed.

Sincerely,

Linda Boydston, Norma Castillo

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## Amendment Letter

Amendment Date:  
Submitted Date: 09/08/2008

### Comments:

Thank you for your review of this filing and I apologize in advance but in a recent review of policy form 59C UL2008, it was noticed that there was a misprint in paragraph 6.13. Paragraph 6.13 has been revised to read: "If You surrender this Policy within thirty (30) days after a Policy Anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that Anniversary,..." The revised form is attached below.

Also, the Form Type has been changed from POLA to POL.

Thank you  
Norma Castillo

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
59C UL2008	Policy/Contr	Universal	Initial				50	00- 59C UL2008 - Pages 1-12- AR.pdf 00- 59C UL2008 - Pages 12A- 12F-AR.pdf 00- 59C UL2008 - Pages 12G- 36-AR.pdf
	act/Fraternal Life							
	Certificate							

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	59C UL2008	Policy/Cont Universal Life ract/Fratern al Certificate	Initial		50	00- 59C UL2008 - Pages 1-12- AR.pdf 00- 59C UL2008 - Pages 12A- 12F-AR.pdf 00- 59C UL2008 - Pages 12G- 36-AR.pdf

# Government Personnel Mutual Life Insurance Company

San Antonio, Texas  
(CALLED "GPM" IN THIS POLICY)



**GPM** will pay the benefits provided in this Policy subject to its terms and conditions.

**30 DAY RIGHT TO EXAMINE POLICY.** It is important to Us that You are satisfied with this Policy. If You are not satisfied, You may return the Policy to Our Home Office or to Your agent within 30 days after You receive it. We will refund all the premium You have paid. The Policy will be deemed void from the Policy Date.

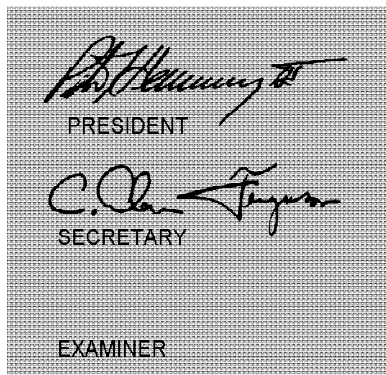
**SIGNED BY GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY** at its Home Office in San Antonio, Texas as of the Policy Date.

**PLEASE EXAMINE THIS POLICY CAREFULLY**

This is a legal contract between You and GPM Life.

For Policyowner Service or Claim Information Call:

1-800-929-4765



Flexible Premium Adjustable Life Insurance Policy  
Adjustable Death Benefit.

Cash Surrender Value Payable at Maturity.

Flexible Premium Payable during Lifetime of Insured Until Maturity Date.

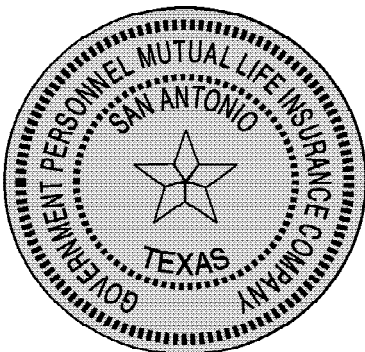
Death Benefit Payable at Death of Insured Prior to Maturity.

Participating

## NOTICE

This policy may not qualify as Life Insurance after the Insured's Attained Age 100 under federal tax law and may be subject to adverse tax consequences. A tax advisor should be consulted before the policy owner decides to continue the Policy after Age 100.

Prior to the later of the Insured's Age 75 or the 20th Policy Anniversary, You may elect either of two Death Benefit Options, after that date only one Death Benefit Option is available. See the Death Benefits Provision of the Policy.



**POLICY NUMBER:**

[ 59C UL2008 ]

**ISSUE DATE:**

[ January 1, 2008 ]

**NAME OF INSURED:**

[ John Doe ]

**SPECIFIED AMOUNT:**

[ \$25,000 ]



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<b>A copy of the Application and any Endorsements or Riders follow page 17.</b>	

## SCHEDULE PAGE

FORM	COVERAGE DESCRIPTION	SPECIFIED AMOUNT	UNDERWRITING CLASS	BENEFIT CEASES	POLICY NUMBER:
[UM08	Flexible Premium Adjustable [Life Insurance	\$25,000 Option A	100% Non-Tobacco]	2073]	[59C UL2008]
					<b>ISSUE DATE:</b>
					[January 1, 2008]
					<b>NAME OF INSURED:</b>
					[John Doe]
					<b>ISSUE AGE/SEX:</b>
					[35      Male]
					<b>MATURITY DATE:</b>
					[January 1, 2073]
					<b>PLANNED PERIODIC PREMIUM:</b>
					[\$xx.xx ] [Payable Monthly]
<p><b>MAXIMUM MONTHLY EXPENSE CHARGE - See page 12R</b>  <b>MAXIMUM PREMIUM EXPENSE CHARGE - 7.5%</b>  <b>MAXIMUM MONTHLY POLICY FEE - \$6.00</b>  See Table of Surrender Charge Factors (Page 12B) for Surrender Charges.</p>					
<p>THE INITIAL PREMIUM FOR THE POLICY IS      [The Monthly Premium: \$ xx.xx ]</p> <p>THE MINIMUM MONTHLY PREMIUM IS      [ \$xx.xx]</p> <p>THE MINIMUM PREMIUM PERIOD IS      180 Months</p> <p>This Policy will not lapse during the Minimum Premium Period if the sum of the premiums paid less any partial surrenders is greater than the Minimum Monthly Premiums times the number of months expired since the Issue Date. This provision is only in effect during the Minimum Premium Period.</p> <p>MINIMUM SPECIFIED AMOUNT IS      \$25,000</p> <p>MINIMUM INCREASE AMOUNT IS      \$10,000</p> <p><b>If premiums are discontinued, or if premiums paid are too small, or if insurance costs and interest rates are less favorable than anticipated, this Policy could terminate prior to the maturity date.</b></p>					
					<b>The owner and beneficiary are as stated in the application unless later changed.</b>

## **BASIS OF CALCULATIONS**

CASH VALUE INTEREST RATE: 3.00 PERCENT

VALUATION METHOD: COMMISSIONER'S RESERVE 2001, MALE OR FEMALE  
NON-SMOKER OR SMOKER

MORTALITY TABLE: 2001 CSO, Male or Female, Non-Smoker or Smoker, Age Last Birthday

See paragraphs 6.19-6.22 for a statement of the Basis for Calculations.

## **LOAN INTEREST RATE**

LOAN INTEREST RATE IS 7.40% PER ANNUM, PAYABLE IN ADVANCE.

See paragraphs 7.01-7.04 for more information on Loan Values.

## DEFINITIONS

**1.01** In this Policy, the following words mean:

**Accumulation Value** - The amount calculated as in 6.01, to which We credit interest and from which We deduct the monthly deductions on each Monthly Anniversary Date.

**Age** - At any Policy Anniversary, the Insured's Age at the Insured's last birthday. Age is sometimes called Attained Age.

**Beneficiary** - The person, persons or entity named in writing by You to receive the Insurance Proceeds at the Insured's death while this Policy is in force.

**Cash Surrender Value** - The Accumulation Value less the Surrender Charge less any Indebtedness. If the Maturity Date is extended after Age 100 no Surrender Charge will apply.

**Current Interest Rate** - The rate of interest applied to the Accumulation Value in excess of the outstanding Policy Loan balance. During the first fifteen (15) Policy Years, the Current Interest Rate will be the greater of the Declared Rate or the Guaranteed Interest Rate. During Policy Years sixteen (16) and later the Current Interest Rate will be the greater of the Declared Rate plus 0.75% or the Guaranteed Interest Rate.

**Declared Rate** - A rate periodically established by Us which will be used in setting the interest rate credited to Your Accumulation Value.

**Home Office** - The main office of GPM in San Antonio, Texas.

**Indebtedness** - Any debts due Us under this Policy.

**Insurance Proceeds** - The amount We must pay under this Policy's terms when the Insured dies.

**Insured** - The person whose life is Insured under this Policy. Usually, the Insured is the Owner of the Policy, but not always.

**Internal Revenue Code** - The provisions of the Internal Revenue Code in effect on the Issue Date of this Policy.

**Minimum Premium Period** - The period during which minimum premiums paid in advance are required to keep this Policy in force.

**Monthly Anniversary Date** - The same day shown on the Schedule Page for each succeeding month.

**Policy** - Means this Policy.

**Policy Anniversary Date** - The same day and month as the Issue Date shown on the Schedule Page for each succeeding year.

**Risk Class** - A means of classifying the Insured, using these factors: issue Age, Policy duration, sex, Underwriting Class (preferred or not, tobacco user or not, standard, substandard, etc), Policy Loan or not, and Policy size. It is used in the calculation of Accumulation Value, to establish minimum premiums, in the calculation of Surrender Charges, and to calculate the values of all tables in this Policy.

**Surrender Charge** - The amount described on Page 12B which We will deduct from the Accumulation Value if this Policy is surrendered.

**We, Our, Us** - Government Personnel Mutual Life Insurance Company (GPM).

**Written Request** - A writing to exercise Your rights, signed by You and received by Us, on forms We supply or satisfactory to Us. We may also require that Your Policy be sent to Us with Your Written Request.

**You, Your** - The Owner of this policy.

## GENERAL PROVISIONS

### Entire Contract.

**2.01** This Policy, including a copy of Your written application, is the entire contract between You and Us. In the absence of fraud, all statements made in Your applications will be considered representations and not warranties. Only statements made in the application can be used to void this Policy or defend against a claim.

**2.02** This contract cannot be changed in any way without the written consent of one of Our officers.

**2.03** Any additional benefit rider attached to this Policy will become a part of this Policy and will be subject to all the terms and conditions of this Policy, unless We state otherwise in the rider.

## GENERAL PROVISIONS - Continued

### Your Rights.

**2.04** You can exercise the rights given by this Policy. These rights include:

- a) The right to make flexible premium payments according to the Premiums and Reinstatement sections.
- b) The right to change the Death Benefit Option according to the Death Benefits and Policy Changes section.
- c) The right to change the Specified Amount according to the Policy Changes section.
- d) The right to surrender this Policy according to the Policy Values section.
- e) The right to change the Beneficiary according to the General Provisions section.
- f) The right to choose how the Insurance Proceeds will be paid according to the Settlement Provisions section.
- g) The right to assign this Policy according to the General Provisions section.
- h) The right to transfer ownership according to the General Provisions section.

**2.05** You can exercise Your rights under this Policy while the Insured is alive by making a Written Request in a form satisfactory to Us. If Your Policy is assigned as collateral, We will also require a Written Request from the assignee. If You have not reserved the right to change the Beneficiary, We will also require a Written Request satisfactory to Us from any irrevocable Beneficiary.

### Annual Report.

**2.06** We will send You a report after each Policy Anniversary. This report will show:

- a) Premiums paid since the last report;
- b) The Cash Surrender Value at the beginning of the period;
- c) Interest credited since the last report;
- d) Monthly deductions since the last report;
- e) Partial surrenders since the last report;
- f) Indebtedness activity;

g) The Cash Surrender Value at the end of the period; and

h) Insurance Proceeds at the end of the period.

**2.07** We will provide an illustration projecting future death benefits and Policy values upon Written Request. We will charge a maximum fee of \$25.00 for this service. The illustration will be based on assumptions as to Specified Amounts, death benefit options, and future premium payments which You specify. We will make any other reasonable assumptions which are necessary.

### Collateral Assignment.

**2.08** Your Policy may be collaterally assigned. We are not bound by the assignment unless You make a Written Request satisfactory to Us and it is received in Our Home Office. We are not responsible for determining if Your assignment is valid or the extent of the assignee's interest. The rights of any named Beneficiary are subject to the rights of any assignee.

### Misstatement of Age or Sex.

**2.09** If the Insured's Age or sex is misstated in the application, We will adjust the Insurance Proceeds. The Insurance Proceeds payable shall be adjusted by the difference between the Monthly Deductions deducted and the Monthly Deductions which should have been deducted. We will accumulate this difference at the interest rates credited to this Policy.

### Suicide.

**2.10** If the Insured dies by suicide, while sane or insane, within two (2) years of the Issue Date, We will not pay the Insurance Proceeds. When the laws of the state in which this Policy is delivered require less than this two (2) year period, the period will be as stated in such laws. The amount We will pay will be the total premiums paid minus any Indebtedness, and minus any partial surrender amounts paid.

**2.11** There is a new two (2) year suicide period after any increase in Specified Amount. We will measure this period from the effective date of any increase. If the Insured dies by suicide, while sane or insane, during this period We will not pay the Insurance Proceeds attributable to the increase. The amount We will pay is the sum of the Monthly Deductions for the increase.

## GENERAL PROVISIONS - Continued

### **Incontestability.**

**2.12** We will not contest the initial Specified Amount after this Policy has been in force for two (2) years after the Issue Date while the Insured is alive, except for fraud and/or non-payment of a needed premium. We will not contest any increase in Specified Amount after the increase has been in force for two (2) years from the effective date of the increase while the Insured is alive, except for fraud and/or non-payment of a needed premium.

We will rely on material representations made in the application for an increase.

**2.13** If this Policy is reinstated, We will not contest the reinstatement after this Policy is again in force for two (2) years from the effective date of reinstatement while the Insured is alive, except for fraud and/or non-payment of a needed premium.

We will rely on material representations made in the reinstatement application.

### **Termination of Policy.**

**2.14** This Policy will terminate when:

- a) You surrender this Policy for its Accumulation Value minus the Surrender Charge and minus any Indebtedness;
- b) The Insured dies;
- c) The Policy reaches the Maturity Date; or
- d) The grace period ends without payment of required premiums.

### **Beneficiary.**

**2.15** We will pay the Insurance Proceeds to the Beneficiary named by You in the application or in any later request which We record. Our payment will not be later than two (2) months after We receive due proof of the Insured's death and due proof of the right of the claimant to the Proceeds of the Policy. If You name more than one primary Beneficiary, they will share equally, unless You provide otherwise.

The Insurance Proceeds will include refund of any charges made past the month of death. If payment of the Insurance Proceeds has not been made within thirty (30) days from the date proof of the Insured's death and proof of the right of the

claimant to the Proceeds of the Policy was received by Us, We will pay the interest on the Insurance Proceeds at a rate of 8.0% per year.

**2.16** If a Beneficiary dies before the Insured dies, that Beneficiary will have no interest in the Insurance Proceeds. Only those beneficiaries who survive the Insured will share in the Insurance Proceeds. If no Beneficiary survives the Insured, We will pay the Insurance Proceeds to Your estate unless otherwise designated.

### **Change of Beneficiary or Owner.**

**2.17** You may change the Beneficiary not designated irrevocable or the Owner, by Written Request in a form satisfactory to Us. The change is not effective until We record the change in Our records. After it is so recorded, it will take effect as of the date You signed the Written Request. However, We are not liable for any action We take before We record Your Written Request.

### **Payment of Insurance Proceeds.**

**2.18** Insurance Proceeds are the amount payable on the Maturity Date, on the surrender of this Policy prior to the Maturity Date, or on the death of the Insured. The Insurance Proceeds are subject to the adjustments provided in the Misstatement of Age and Sex, Incontestability, Suicide, and Surrender provisions.

Payment of the Proceeds can be made in a lump sum, including any Proceeds payable under an accidental benefit, if applicable.

If payment of the Insurance Proceeds has not been made within thirty (30) days from the date proof of the Insured's death and proof of the right of the claimant to the Proceeds of the Policy was received by Us, We will pay interest on the Insurance Proceeds at a rate of 8.0% per year. The Insurance Proceeds will include a refund of premiums paid for any period beyond the Policy month in which death occurred.

### **Changing the Maturity Date.**

**2.19** Prior to the Maturity Date, the Owner can request to extend the Maturity Date to a later date. The latest possible Maturity Date is the anniversary at which the Insured is Age 120. If You elect to extend Your Maturity Date, no Surrender Charges will apply to any subsequent surrender and no further premium may be paid. If the request for change is to a later date, We are required to approve it.

## POLICY CHANGES

### **Increases in Specified Amount.**

**3.01** On any date after the first Policy Anniversary Date, You may apply for an increase in Specified Amount by Written Request in a form satisfactory to Us. Such increase shall be subject to evidence of insurability satisfactory to Us. Each increase must at least equal the Minimum Increase Amount shown on the Schedule Page. The increase will go into effect on the date shown on an endorsement to the Schedule Page. This endorsement will define the maximum cost of insurance rates to be applied to the increase based on the risk classification of the Insured at the time of the increase.

**3.02** Each increase will have a new schedule of Surrender Charges applicable for the first twenty (20) years immediately following the increase. Such Surrender Charge Factors are shown on the Schedule Page.

**3.03** Also, the Accumulation Value immediately after the increase must be equal to or greater than the Surrender Charge for this Policy plus any Indebtedness. This may require a premium payment. We will advise You of the amount of premium required, if any. Such premium is due prior to the effective date of the increase.

### **Decreases in Specified Amount.**

**3.04** You may decrease the Specified Amount. However, the Specified Amount remaining in effect after any decrease cannot be less than the Minimum Specified Amount shown on the Schedule Page. Also, You cannot decrease the Specified Amount if, after the decrease, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. We will decrease the Specified Amount in the following order:

- a) Increases in Specified Amount in the reverse order in which they occurred; and then
- b) The initial Specified Amount.

If a decrease occurs during the Minimum Premium Period, a new Policy Schedule will be mailed to the Owner showing the amount of the new Minimum Monthly Premium, if changed, payable for the remainder of the Minimum Premium Period.

**3.05** Any decrease will go into effect on the Monthly Anniversary Date on or following the date We receive Your Written Request.

**3.06** If You decrease the Specified Amount, We will deduct a Surrender Charge from Your Accumulation Value. Such deduction will be the sum of the Surrender Charges computed separately for each increase in Specified Amount beginning with the most recent increase. These Surrender Charges are described on Pages 12B thru 12R.

### **Changes in Death Benefit Options.**

**3.07** If the Death Benefit Option in effect is Option A, You may request a change to Option B. If You do, We will decrease the Specified Amount by the amount of the Accumulation Value. After the change, the Specified Amount cannot be less than the Minimum Specified Amount shown on the Schedule Page.

**3.08** If the Death Benefit Option in effect is Option B, You may request a change to Option A. We will increase the Specified Amount by the amount of the Accumulation Value.

**3.09** The change will go into effect on the Monthly Anniversary Date on or following the date We receive Your Written Request.

## DEATH BENEFITS

### Death Benefit.

**4.01** The Death Benefit depends upon the Death Benefit Option in effect on the day the Insured dies. The Death Benefit is the sum of the amount of insurance determined by the Death Benefit Option then in effect, minus any Indebtedness.

After Age 100, the Death Benefit will not be less than the Accumulation Value on the Policy Anniversary following the Insured's Age 100, less any partial surrenders made after the anniversary following the Insured's Age 100, plus interest at the guaranteed interest rate to the date of death, less any Indebtedness as of the date of death.

### Death Benefit Options.

**4.02** There are two Death Benefit Options. One is Option A. The other is Option B. The Death Benefit Option on the Issue Date is shown on the Schedule Page. You may change the Death Benefit Option prior to the changeover date defined in Paragraph 4.04.

### Option A.

**4.03** Under Option A, the insurance is the greater of (a) or (b) where:

- a) Is the Specified Amount on the day the Insured dies; and
- b) Is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the Options A and B Table.

### Option B.

**4.04** Under Option B, the amount of insurance before the Changeover Date is the greater of (a) or (b), where:

- a) Is the Specified Amount on the day the Insured dies plus the Accumulation Value on the day the Insured dies; and
- b) Is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the Options A and B Table.

### Options A and B Table

Attained Age	Percentage	Attained Age	Percentage
0-40	250	61	128
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215		
		66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185		
		71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150		
		91	104
56	146	92	103
57	142	93	102
58	138	94	101
59	134	95+	100
60	130		

### Changeover Date.

**4.05** The Changeover Date is the later of (a) the Policy Anniversary on or after the Insured's 75th birthday, or (b) the 20th Policy Anniversary. On the Changeover Date the Death Benefit Option is changed automatically to Death Benefit Option A and the Specified Amount will be increased by an amount equal to Accumulation Value as of the Changeover Date.

### Effect of Partial Surrender on Insurance Proceeds.

**4.06** A partial surrender will decrease the insurance Proceeds under either Option A or Option B. If the Death Benefit Option in effect is Option A, We will reduce the Specified Amount by the amount of the partial surrender.



## PREMIUMS AND REINSTATEMENT

### Payment of Premiums.

**5.01** An initial premium equal or greater than the Minimum Monthly Premium shown on the Schedule Page is due on the Issue Date. This Policy is not in force until the initial premium has been paid. Subject to the provisions of this section, You can choose the amount and the frequency of any further premiums. Payment of premiums is not required after the Insured's Age 100.

**5.02** Premiums are considered paid when received by Us at Our Home Office and are not subject to any collection. You may request a receipt signed by one of Our officers.

### Minimum Premium Period.

**5.03** On each Monthly Anniversary Date during the Minimum Premium Period as shown on the Schedule Page, the sum of the premiums paid less any partial surrenders must equal or exceed an amount equal to (a) times (b) where:

- a) Is the Minimum Monthly Premium shown on the Schedule Page ; and
- b) Is the number of months expired since the Issue Date.

**5.04** If such premiums due have not been paid, this Policy will terminate, except as provided in the Grace Period provision (Paragraphs 5.09-5.11).

### Planned Periodic Premiums.

**5.05** Planned periodic premiums are shown on the Schedule Page. This is the amount and frequency of premiums You selected on the Issue Date. You may change the amount and frequency.

**5.06** We will send You reminder notices at the planned payment intervals You select. You may pay the Planned Periodic Premium annually, semi-annually, or monthly. Each premium payment made must at least equal \$25 or, if greater, the amount needed during a grace period to prevent lapse of the Policy.

### Additional Premium.

**5.07** You may pay additional premiums at any time while this Policy is in force. We can limit the amount of premiums. We may refuse to accept a premium if the amount of insurance under Option A or Option B is a percentage of the Accumulation Value as described in the Death Benefits Provisions.

**5.08** We will not accept a premium if, by accepting the premium, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. If We accept any premium in error, We will refund it to You with interest at an annual rate not less than 3.0% not later than sixty (60) days after the end of the Policy year in which the error was discovered. The interest rate will be that credited to the Accumulation Value attributable to the premium refunded. Any premiums which We accept in error will not be considered premiums paid under this Policy.

### Grace Period.

**5.09** In the event You stop paying premiums, coverage will continue subject to the Grace Period provision until the Cash Surrender Value is no longer sufficient to cover the Monthly Deduction. If the Cash Surrender Value on a Monthly Anniversary Date is not enough to cover the Monthly Deduction for the month following such Monthly Anniversary Date, a grace period of sixty-one (61) days shall be allowed for the payment of a premium sufficient to keep the Policy in force. Notice of such premiums will be mailed to Your last known address. If such premium is not paid within the grace period, all coverage under this Policy will lapse without value at the end of the sixty-one (61) day period. If a claim by death becomes payable under this Policy, any overdue Monthly Deduction will be deducted from the Proceeds. If any monthly deductions have been deducted after the Insured's date of death, they will be refunded.

## PREMIUMS AND REINSTATEMENT - Continued

**5.10** However, during the Minimum Premium Period if the sum of the premiums paid less any partial surrenders and less any Policy Loans equals or exceeds the Minimum Monthly Premium shown on the Schedule Page multiplied by the number of months expired since the Issue Date, the Accumulation Value (instead of the Cash Surrender Value) less any Indebtedness must be sufficient to cover the monthly deduction.

**5.11** The amount of premium necessary to keep the Policy in force during the Minimum Premium Period is the greater of the Minimum Monthly Premium and the amount of the Monthly Deduction. After the Minimum Premium Period the amount of premium necessary to keep the Policy in force equals (a) divided by (b), where:

- a) Is the Monthly Deduction;
- b) 1 minus the premium expense charge.

### Reinstatement.

**5.12** Reinstatement means to place this Policy in

force after it terminates because it reached the end of a grace period. We will reinstate this Policy if We receive:

- a) Your Written Request within five (5) years after this Policy terminates at the end of a grace period;
- b) Satisfactory proof that the Insured is still insurable at the original Risk Class;
- c) Payment or reinstatement of any Indebtedness; and
- d) A premium large enough to cover the monthly deductions for three (3) months.

**5.13** If We approve Your Written Request for reinstatement on a Monthly Anniversary Date this Policy will again be in force on that day. If Our approval occurs on any other day this Policy will again be in force as of the prior Monthly Anniversary Date.

## POLICY VALUES

### Accumulation Value.

**6.01** On each Monthly Anniversary Date the Accumulation Value is the sum of (a) plus (b) plus (c) minus (d) minus (e) minus (f), where:

- a) Is the Accumulation Value on the preceding Monthly Anniversary Date;
- b) Is the interest for one (1) month on item (a);
- c) Is all net premiums received since the preceding Monthly Anniversary Date;
- d) Is the Monthly Deduction for the ensuing month;
- e) Is one (1) month's interest on item (d); and
- f) Is the sum of all partial surrenders since the preceding Monthly Anniversary Date (plus interest from date of each such partial surrender).

On the Issue Date the Accumulation Value is any net premium received by Us on or before the

Issue Date less the Monthly Deduction for the first Policy month.

On any other day the Accumulation Value is (a) plus (c) minus (d) minus (f).

### Interest Rate.

**6.02** The guaranteed minimum interest rate We will use to calculate the Accumulation Value is .24663% a month, compounded monthly. This is equivalent to 3.00% a year, compounded yearly.

### Monthly Deductions.

**6.03** The Monthly Deduction is (a) plus (b) plus (c) plus (d) where:

- a) Is the cost of insurance for this Policy and any riders attached to it;
- b) Is the monthly flat extra amount, if any, for this Policy shown on the Schedule Page;
- c) Is the monthly Policy fee; and
- d) Is the monthly per unit expense charge.

## POLICY VALUES - Continued

### Cost of Insurance.

**6.04** We calculate the cost of insurance for the ensuing month on the Issue Date and on each Monthly Anniversary Date. The cost of insurance is found by multiplying (a) times the result of (b) minus (c) where:

- a) Is cost of insurance rate shown on Page 12A divided by 1,000;
- b) Is the amount of insurance under the Death Benefit Option in effect divided by 1.0024663; and
- c) Is the Accumulation Value prior to the deduction of the cost of insurance.

**6.05** If the Death Benefit Option is Option A, and if there have been any increase to the Specified Amount, then the Accumulation Value shall be first considered a part of the initial Specified Amount. If the Accumulation Value exceeds the initial Specified Amount, it shall then be considered a part of the increases in Specified Amount in the order in which they occurred.

**6.06** We calculate the cost of insurance for benefits provided by any riders attached to this Policy as provided in those riders.

### Cost of Insurance Rates.

**6.07** The cost of insurance rate depends on the Insured's Risk Class. For each increase in Specified Amount We use the Risk Class applicable to the increase. When the insurance under Option A or Option B is a percentage of the Accumulation Value (see 4.03 (b) or 4.04 (b)) We will use the Risk Class applicable for the most recent increase that required proof of insurability. We may also charge a specified extra premium. Such charge may apply to the initial Specified Amount or any increase. The amount and cease date of any such extra flat premium will be shown on the Schedule Page.

**6.08** The guaranteed maximum monthly cost of insurance rates are found by multiplying (a) times (b) where:

- a) Is the monthly Cost of Insurance rates shown on Page 12 A; and
- b) Is the Underwriting Class percentage shown on the Schedule Page,

and adding the amount of any flat extra premium charge specified on the Schedule Page.

**6.09** Guaranteed maximum monthly cost of insurance rates are shown on Page 12A. We can use cost of insurance rates that are lower than these rates. The cost of insurance rates We use will apply to all Insureds of the same class.

**6.10** Monthly per unit expense charge is equal to (a) times (b) where:

- a) Is the specified amount divided by 1,000; and
- b) Is the monthly per unit Policy expense charge shown on Page 12R.

### Net Premium.

**6.11** The net premium is the premium paid less the premium expense charge. The premium expense charge shown on Page 12R is the guaranteed maximum charge. We can use premium expense charge rates that are lower than these guaranteed rates.

### Surrender.

**6.12** You may surrender this Policy on any Monthly Anniversary Date while the Insured is alive for the Accumulation Value minus the Surrender Charge minus any Indebtedness. We will require a Written Request. Surrender Charges are described on Pages 12B thru 12R.

**6.13** If You surrender this Policy within thirty (30) days after a Policy Anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary, plus any net premium paid, minus any Policy Loans or partial surrenders made on or after that anniversary.

## TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000 OF NET AMOUNT AT RISK

The table below shows the Guaranteed Maximum Monthly Cost of Insurance Rates We will charge based on the Insured's Risk Class. These rates must be multiplied by the Underwriting Class percentage shown on the Schedule Page.

On attaining Age 16, the Insured, if classified as Tobacco user, may apply for Non-Tobacco user risk classification. Reclassification will be granted if the Insured is then eligible for Non-Tobacco Risk Class under GPM Life's rules as of the Issue Date.

Attained Age	MALE		FEMALE		Attained Age	MALE		FEMALE	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0.06002		0.03501		50	0.28804	0.56037	0.24706	0.47647
1	0.03834	Not	0.02584	Not	51	0.31481	0.61159	0.27466	0.53183
2	0.02750		0.01917		52	0.34745	0.67377	0.30561	0.59143
3	0.02000	Appli-	0.01667	Appli-	53	0.38513	0.74863	0.33824	0.65612
4	0.01750		0.01583		54	0.43288	0.83788	0.37257	0.72507
5	0.01750	cable	0.01500	cable	55	0.48654	0.93314	0.41193	0.79829
6	0.01834		0.01583		56	0.54190	1.03189	0.45467	0.87664
7	0.01834	for	0.01750	for	57	0.59563	1.12316	0.49995	0.95591
8	0.01834		0.01750		58	0.64940	1.21030	0.54694	1.03864
9	0.01917	attained	0.01750	attained	59	0.71246	1.31280	0.59479	1.12738
10	0.02000		0.01834		60	0.78903	1.43921	0.64520	1.21961
11	0.02334	ages	0.02084	ages	61	0.88254	1.59389	0.70068	1.31958
12	0.02834		0.02250		62	0.99136	1.77191	0.75957	1.42562
13	0.03334	0 - 15	0.02584	0 - 15	63	1.11047	1.96316	0.82187	1.53436
14	0.04335		0.02834		64	1.23485	2.15488	0.89013	1.65176
15	0.05502		0.03001		65	1.36453	2.34279	0.96604	1.77873
16	0.06419	0.07170	0.03251	0.03584	66	1.49611	2.52513	1.04878	1.91701
17	0.07253	0.08588	0.03417	0.03918	67	1.63389	2.70963	1.14092	2.07094
18	0.07670	0.09506	0.03584	0.04251	68	1.77958	2.89889	1.24332	2.23977
19	0.07837	0.10257	0.03751	0.04668	69	1.94350	3.10771	1.35520	2.42616
20	0.07921	0.10841	0.03751	0.04918	70	2.13517	3.34755	1.48167	2.63715
21	0.07921	0.11342	0.03918	0.05252	71	2.36857	3.64316	1.62623	2.87380
22	0.07921	0.11926	0.04001	0.05502	72	2.64233	3.98816	1.78470	3.13201
23	0.08004	0.12510	0.04001	0.05752	73	2.93178	4.33735	1.95803	3.41459
24	0.08088	0.13178	0.04168	0.06086	74	3.24405	4.71735	2.15060	3.71134
25	0.08338	0.13929	0.04251	0.06586	75	3.58552	5.14198	2.36255	4.02415
26	0.08672	0.14681	0.04585	0.07003	76	3.97236	5.61555	2.59577	4.36380
27	0.08838	0.15098	0.04751	0.07420	77	4.42467	6.16691	2.85478	4.73153
28	0.08672	0.15182	0.05002	0.07921	78	4.95336	6.80411	3.13808	5.13040
29	0.08588	0.15098	0.05252	0.08421	79	5.55015	7.51177	3.45032	5.56179
30	0.08505	0.15015	0.05502	0.08922	80	6.22109	8.29273	3.83999	6.10285
31	0.08421	0.15098	0.05836	0.09589	81	6.95716	9.13132	4.32148	6.76953
32	0.08505	0.15349	0.06169	0.10257	82	7.74449	10.00372	4.83438	7.46219
33	0.08755	0.15850	0.06586	0.11091	83	8.61347	10.94457	5.37661	8.17591
34	0.08922	0.16434	0.07087	0.12176	84	9.59129	12.02241	5.98569	8.92620
35	0.09339	0.17102	0.07670	0.13261	85	10.69345	13.26261	6.60777	9.62620
36	0.09756	0.18105	0.08254	0.14347	86	11.92416	14.63048	7.34937	10.44315
37	0.10340	0.19274	0.08755	0.15265	87	13.27646	16.11092	8.27510	11.46858
38	0.11091	0.20694	0.09172	0.16184	88	14.74027	17.68481	9.26367	12.50868
39	0.11759	0.22282	0.09673	0.17186	89	16.30607	19.33695	10.26023	13.47256
40	0.12677	0.24205	0.10257	0.18272	90	17.89757	20.96678	11.00219	14.02590
41	0.13762	0.26546	0.10924	0.19525	91	19.49638	22.54981	11.71833	14.48266
42	0.15098	0.29306	0.11676	0.21112	92	21.20724	24.20857	12.92017	15.47853
43	0.16685	0.32569	0.12594	0.22867	93	23.05252	25.96113	14.57917	16.90997
44	0.18439	0.36252	0.13679	0.24957	94	25.04434	27.87491	16.69575	18.94988
45	0.20360	0.39937	0.14931	0.27382	95	27.06773	29.84960	19.06591	21.42649
46	0.22282	0.43623	0.16434	0.30226	96	29.09469	31.77084	21.47261	23.86020
47	0.23870	0.46725	0.18188	0.33741	97	31.31290	33.84758	23.07494	25.34029
48	0.25124	0.49073	0.20110	0.37927	98	33.74873	36.10016	23.95877	25.94136
49	0.26713	0.52093	0.22282	0.42618	99	36.43252	38.54896	25.82519	27.58357
					100	39.08352	40.90943	28.31934	29.86060

No Cost of Insurance will be deducted after Age 100.

## SURRENDER CHARGE CALCULATION

These factors are used during the first twenty (20) Policy years, and during the first twenty (20) Policy years after each increase in the Insured's Specified Amount. During that time, a Surrender Charge shall be deducted from the Accumulation Value if any of the following occurs: (a) the Policy is surrendered in full, (b) there is a partial surrender, or (c) to the extent the Specified Amount is decreased. Surrender Charge Factors per \$1,000 are based on issue Age or Age at increase, the Insured's sex, and tobacco use. Surrender Charge percentages vary by duration from issue or increase. To calculate the Surrender

Charge: (a) determine the initial Specified Amount or the amount of increase. Find the table of Surrender Charge Factors per \$1,000 that is applicable for the Insured's sex and tobacco use; (b) find the Surrender Charge factor per \$1,000 based on Age at issue or increase, Insured's sex and tobacco use and Policy duration; (c) find the appropriate percentage from the Surrender Charge Percentage Table based on Policy duration from issue or increase, (d) multiply the Surrender Charge factor from (b) by the appropriate percentage from (c); (e) multiply the result from (d) by the Specified Amount divided by 1,000.

SURRENDER CHARGE PERCENTAGE TABLE

Policy Year	Percentage
1	100%
2	100%
3	100%
4	100%
5	100%
6	100%
7	100%
8	100%
9	100%
10	100%
11	100%
12	100%
13	100%
14	100%
15	100%
16	80%
17	60%
18	40%
19	20%
20	0%

There is no Surrender Charge starting twenty (20) years after Policy issue or the date of any increase. Look at Paragraphs 3.06, 6.12, and 6.16 to find out how Surrender Charges are applied on surrender, partial surrender, or on any decrease in Specified Amount.

# **SURRENDER CHARGE CALCULATION - Continued**

## **SURRENDER CHARGE FACTORS PER \$1,000 SPECIFIED AMOUNT - Male Non-Tobacco**

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
0	14.67	14.62	14.57	14.51	14.45	14.39	14.32	14.25	14.19	14.12
1	14.80	14.74	14.68	14.62	14.56	14.49	14.43	14.36	14.29	14.21
2	14.94	14.88	14.82	14.76	14.69	14.62	14.55	14.48	14.41	14.33
3	15.10	15.03	14.97	14.90	14.83	14.76	14.69	14.61	14.54	14.46
4	15.26	15.19	15.13	15.06	14.98	14.91	14.83	14.76	14.68	14.60
5	15.43	15.36	15.29	15.22	15.14	15.07	14.99	14.91	14.83	14.74
6	15.61	15.54	15.47	15.39	15.31	15.23	15.15	15.06	14.98	14.90
7	15.80	15.72	15.64	15.56	15.48	15.40	15.31	15.23	15.14	15.06
8	15.99	15.91	15.83	15.75	15.66	15.58	15.49	15.40	15.31	15.22
9	16.19	16.11	16.02	15.94	15.85	15.76	15.67	15.58	15.49	15.40
10	16.40	16.31	16.23	16.14	16.05	15.96	15.86	15.77	15.68	15.58
11	16.62	16.53	16.44	16.34	16.25	16.16	16.06	15.97	15.87	15.76
12	16.84	16.75	16.65	16.56	16.46	16.37	16.27	16.17	16.06	15.96
13	17.07	16.98	16.88	16.78	16.68	16.58	16.48	16.37	16.26	16.15
14	17.31	17.21	17.11	17.01	16.91	16.80	16.70	16.58	16.47	16.35
15	17.55	17.45	17.35	17.25	17.14	17.03	16.91	16.80	16.67	16.55
16	17.80	17.70	17.59	17.48	17.37	17.25	17.13	17.01	16.88	16.75
17	18.05	17.95	17.83	17.72	17.60	17.48	17.35	17.22	17.09	16.95
18	18.31	18.20	18.08	17.96	17.83	17.71	17.57	17.44	17.30	17.15
19	18.58	18.46	18.34	18.21	18.08	17.94	17.80	17.66	17.51	17.36
20	18.86	18.73	18.60	18.46	18.33	18.18	18.04	17.89	17.73	17.58
21	19.14	19.01	18.87	18.73	18.59	18.44	18.29	18.13	17.96	17.80
22	19.45	19.31	19.16	19.01	18.86	18.70	18.54	18.37	18.20	18.02
23	19.76	19.61	19.46	19.30	19.14	18.98	18.81	18.63	18.45	18.26
24	20.09	19.93	19.77	19.61	19.44	19.27	19.08	18.90	18.71	18.51
25	20.43	20.27	20.10	19.93	19.75	19.56	19.37	19.17	18.97	18.76
26	20.79	20.62	20.44	20.26	20.07	19.87	19.67	19.46	19.25	19.03
27	21.16	20.98	20.79	20.60	20.40	20.19	19.97	19.76	19.53	19.30
28	21.55	21.36	21.16	20.95	20.74	20.52	20.29	20.06	19.82	19.58
29	21.96	21.75	21.54	21.32	21.10	20.87	20.63	20.38	20.13	19.88
30	22.39	22.17	21.95	21.71	21.48	21.23	20.98	20.72	20.46	20.19
31	22.84	22.61	22.37	22.12	21.87	21.61	21.35	21.07	20.80	20.51
32	23.31	23.07	22.81	22.55	22.29	22.01	21.73	21.45	21.15	20.85
33	23.81	23.55	23.28	23.01	22.72	22.43	22.14	21.85	21.52	21.21
34	24.34	24.06	23.77	23.48	23.18	22.87	22.56	22.24	21.91	21.58
35	24.88	24.59	24.29	23.98	23.66	23.34	23.00	22.67	22.32	21.97
36	25.46	25.15	24.83	24.50	24.16	23.82	23.47	23.11	22.75	22.38
37	26.07	25.74	25.39	25.05	24.69	24.33	23.96	23.58	23.19	22.80
38	26.70	26.35	25.99	25.62	25.24	24.86	24.47	24.07	23.66	23.24
39	27.37	27.00	26.61	26.22	25.82	25.41	25.00	24.58	24.15	23.70
40	28.07	27.67	27.27	26.85	26.43	26.00	25.56	25.11	24.65	24.18
41	28.81	28.39	27.95	27.51	27.07	26.61	26.14	25.66	25.17	24.67
42	29.59	29.14	28.68	28.21	27.73	27.25	26.75	26.24	25.72	25.19
43	30.40	29.92	29.44	28.94	28.43	27.91	27.38	26.83	26.28	25.72
44	31.26	30.75	30.23	29.70	29.16	28.60	28.03	27.45	26.87	26.27
45	32.16	31.62	31.06	30.49	29.91	29.32	28.71	28.10	27.48	26.85
46	33.10	32.52	31.93	31.32	30.70	30.06	29.42	28.77	28.11	27.45
47	34.09	33.47	32.83	32.18	31.52	30.84	30.16	29.47	28.77	28.07
48	35.14	34.47	33.78	33.09	32.38	31.66	30.94	30.21	29.47	28.72
49	36.25	35.53	34.80	34.05	33.30	32.54	31.77	30.99	30.21	29.41
50	37.43	36.66	35.87	35.08	34.28	33.47	32.65	31.82	30.98	30.14
51	38.68	37.85	37.01	36.17	35.31	34.45	33.58	32.69	31.80	30.90
52	40.01	39.12	38.23	37.32	36.41	35.49	34.56	33.61	32.66	31.71
53	41.41	40.47	39.51	38.55	37.57	36.58	35.58	34.57	33.56	32.56
54	42.91	41.89	40.87	39.83	38.79	37.73	36.66	35.59	34.52	33.45
55	44.48	43.40	42.30	41.18	40.06	38.92	37.79	36.65	35.52	34.39
56	46.14	44.98	43.79	42.59	41.39	40.18	38.97	37.77	36.57	35.37
57	47.90	46.64	45.36	44.08	42.79	41.51	40.23	38.95	37.67	36.38
58	49.76	48.40	47.03	45.66	44.29	42.92	41.55	40.19	38.82	37.45
59	51.75	50.28	48.82	47.35	45.89	44.43	42.97	41.50	40.03	38.56
60	53.87	52.30	50.73	49.16	47.59	46.03	44.46	42.89	41.31	39.72
61	56.13	54.45	52.77	51.09	49.41	47.72	46.04	44.34	42.64	40.94
62	58.19	56.40	54.60	52.81	51.01	49.20	47.39	45.57	43.76	41.95
63	58.14	56.29	54.44	52.59	50.73	48.86	46.98	45.11	43.25	41.42
64	58.09	56.18	54.26	52.34	50.41	48.48	46.55	44.63	42.74	40.87
65	58.02	56.05	54.06	52.07	50.07	48.08	46.10	44.14	42.21	40.30

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
0	14.04	13.97	13.90	13.82	13.74	13.66	13.59	13.51	13.42	13.34
1	14.14	14.06	13.99	13.91	13.83	13.75	13.67	13.59	13.50	13.41
2	14.25	14.17	14.10	14.02	13.94	13.85	13.77	13.68	13.60	13.50
3	14.38	14.30	14.22	14.14	14.05	13.97	13.88	13.79	13.70	13.60
4	14.51	14.43	14.35	14.27	14.18	14.09	14.00	13.91	13.81	13.71
5	14.66	14.57	14.49	14.40	14.31	14.22	14.12	14.03	13.92	13.82
6	14.81	14.72	14.63	14.54	14.45	14.35	14.25	14.15	14.04	13.93
7	14.97	14.88	14.78	14.69	14.59	14.49	14.38	14.28	14.17	14.05
8	15.13	15.04	14.94	14.84	14.74	14.63	14.52	14.41	14.29	14.17
9	15.30	15.20	15.10	15.00	14.89	14.78	14.66	14.54	14.42	14.30
10	15.48	15.37	15.27	15.16	15.04	14.93	14.81	14.68	14.56	14.43
11	15.66	15.55	15.44	15.32	15.20	15.08	14.96	14.83	14.69	14.56
12	15.84	15.73	15.61	15.49	15.37	15.24	15.11	14.97	14.83	14.69
13	16.03	15.91	15.79	15.66	15.53	15.40	15.26	15.12	14.97	14.82
14	16.23	16.10	15.97	15.84	15.70	15.56	15.42	15.27	15.11	14.95
15	16.42	16.29	16.15	16.02	15.87	15.72	15.57	15.41	15.25	15.08
16	16.62	16.48	16.33	16.19	16.04	15.88	15.72	15.55	15.38	15.21
17	16.81	16.66	16.51	16.36	16.20	16.04	15.87	15.69	15.51	15.33
18	17.01	16.85	16.69	16.53	16.36	16.19	16.01	15.83	15.64	15.45
19	17.21	17.04	16.88	16.71	16.53	16.35	16.16	15.97	15.77	15.57
20	17.41	17.24	17.06	16.88	16.70	16.51	16.31	16.11	15.91	15.70
21	17.62	17.44	17.26	17.07	16.87	16.67	16.47	16.26	16.04	15.82
22	17.84	17.65	17.46	17.26	17.06	16.85	16.63	16.41	16.19	15.96
23	18.07	17.87	17.67	17.46	17.24	17.02	16.80	16.57	16.33	16.09
24	18.30	18.10	17.88	17.66	17.44	17.21	16.97	16.73	16.48	16.23
25	18.55	18.33	18.10	17.87	17.64	17.40	17.15	16.90	16.64	16.38
26	18.80	18.57	18.33	18.09	17.84	17.59	17.33	17.07	16.80	16.52
27	19.06	18.82	18.57	18.31	18.05	17.79	17.52	17.24	16.96	16.67
28	19.33	19.08	18.81	18.55	18.27	17.99	17.71	17.42	17.13	16.83
29	19.61	19.34	19.07	18.79	18.50	18.21	17.91	17.61	17.30	16.99
30	19.91	19.63	19.34	19.04	18.74	18.44	18.13	17.81	17.48	17.15
31	20.22	19.92	19.62	19.31	18.99	18.67	18.34	18.01	17.67	17.31
32	20.54	20.23	19.91	19.59	19.26	18.92	18.57	18.22	17.86	17.49
33	20.88	20.55	20.22	19.88	19.53	19.17	18.81	18.43	18.05	17.67
34	21.24	20.89	20.54	20.18	19.81	19.43	19.05	18.65	18.25	17.85
35	21.61	21.25	20.87	20.49	20.10	19.70	19.29	18.88	18.46	18.04
36	22.00	21.61	21.22	20.81	20.40	19.98	19.55	19.12	18.68	18.24
37	22.40	21.99	21.57	21.14	20.71	20.26	19.82	19.36	18.90	18.44
38	22.82	22.38	21.94	21.49	21.03	20.56	20.09	19.62	19.14	18.65
39	23.25	22.79	22.32	21.84	21.36	20.87	20.38	19.88	19.38	18.87
40	23.70	23.21	22.71	22.21	21.70	21.19	20.67	20.15	19.62	19.08
41	24.16	23.65	23.12	22.59	22.06	21.52	20.98	20.42	19.87	19.30
42	24.65	24.10	23.55	22.99	22.43	21.86	21.29	20.71	20.12	19.53
43	25.15	24.57	23.99	23.41	22.81	22.21	21.61	21.00	20.38	19.77
44	25.67	25.06	24.45	23.83	23.21	22.57	21.93	21.29	20.65	20.01
45	26.21	25.57	24.92	24.27	23.61	22.94	22.27	21.60	20.93	20.27
46	26.77	26.10	25.41	24.72	24.02	23.31	22.61	21.92	21.22	20.52
47	27.36	26.64	25.91	25.18	24.44	23.71	22.98	22.24	21.51	20.78
48	27.97	27.20	26.43	25.66	24.89	24.12	23.35	22.59	21.82	21.05
49	28.61	27.80	26.99	26.18	25.37	24.56	23.75	22.94	22.13	21.32
50	29.28	28.43	27.58	26.72	25.87	25.02	24.17	23.32	22.46	21.59
51	30.00	29.10	28.20	27.30	26.40	25.50	24.60	23.70	22.79	21.88
52	30.75	29.80	28.86	27.91	26.96	26.00	25.04	24.08	23.12	22.17
53	31.55	30.55	29.54	28.54	27.53	26.51	25.50	24.48	23.47	22.48
54	32.39	31.32	30.26	29.19	28.11	27.03	25.95	24.89	23.83	22.79
55	33.26	32.13	30.99	29.85	28.70	27.56	26.42	25.30	24.20	23.10
56	34.16	32.95	31.74	30.52	29.30	28.10	26.91	25.73	24.56	23.41
57	35.10	33.80	32.51	31.21	29.92	28.66	27.40	26.16	24.93	23.73
58	36.07	34.68	33.30	31.93	30.57	29.24	27.91	26.60	25.31	24.05
59	37.08	35.60	34.14	32.69	31.26	29.84	28.44	27.06	25.71	24.40
60	38.14	36.57	35.02	33.49	31.97	30.47	28.99	27.55	26.14	24.78
61	39.25	37.59	35.94	34.32	32.71	31.12	29.57	28.06	26.59	25.19
62	40.17	38.42	36.68	34.96	33.26	31.60	29.99	28.42	26.92	25.47
63	39.61	37.81	36.04	34.29	32.58	30.92	29.30	27.75	26.26	24.82
64	39.02	37.19	35.39	33.62	31.90	30.24	28.64	27.10	25.61	24.18
65	38.41	36.55	34.72	32.95	31.23	29.58	27.99	26.45	24.97	23.56

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
66	57.95	55.90	53.84	51.78	49.71	47.66	45.64	43.65	41.67	39.72
67	57.87	55.74	53.60	51.46	49.34	47.25	45.18	43.14	41.12	39.12
68	57.78	55.57	53.35	51.15	48.99	46.84	44.72	42.63	40.56	38.53
69	57.69	55.39	53.11	50.86	48.63	46.43	44.26	42.11	40.01	37.96
70	57.60	55.23	52.89	50.57	48.29	46.02	43.79	41.60	39.48	37.42
71	57.52	55.08	52.67	50.29	47.93	45.61	43.33	41.12	38.97	36.91
72	57.45	54.94	52.45	49.99	47.57	45.19	42.88	40.65	38.50	36.42
73	57.37	54.77	52.21	49.67	47.19	44.78	42.45	40.20	38.04	35.95
74	57.28	54.59	51.95	49.35	46.83	44.39	42.04	39.78	37.60	35.50
75	57.18	54.41	51.69	49.05	46.50	44.03	41.66	39.38	37.18	35.08
76	57.09	54.24	51.46	48.78	46.20	43.71	41.32	39.01	36.80	34.70
77	57.00	54.09	51.27	48.55	45.94	43.42	41.00	38.68	36.47	34.39
78	56.93	53.96	51.10	48.35	45.70	43.15	40.71	38.39	36.20	34.14
79	56.87	53.86	50.96	48.16	45.48	42.90	40.46	38.15	35.98	33.94
80	56.82	53.76	50.81	47.98	45.26	42.68	40.24	37.95	35.81	33.79



# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
66	37.79	35.90	34.07	32.29	30.58	28.94	27.35	25.82	24.36	22.97
67	37.17	35.27	33.43	31.66	29.96	28.32	26.73	25.22	23.78	22.43
68	36.56	34.66	32.82	31.06	29.35	27.71	26.15	24.66	23.25	21.93
69	35.98	34.08	32.24	30.48	28.78	27.15	25.60	24.14	22.76	21.48
70	35.44	33.53	31.69	29.92	28.23	26.62	25.10	23.67	22.33	21.07
71	34.92	33.01	31.17	29.40	27.73	26.14	24.66	23.26	21.95	20.70
72	34.43	32.50	30.67	28.92	27.27	25.71	24.26	22.89	21.58	20.30
73	33.94	32.02	30.20	28.47	26.85	25.33	23.91	22.54	21.20	19.84
74	33.49	31.58	29.78	28.08	26.49	25.00	23.57	22.17	20.75	19.29
75	33.08	31.19	29.41	27.75	26.19	24.69	23.22	21.74	20.21	18.57
76	32.72	30.86	29.11	27.47	25.90	24.36	22.81	21.20	19.48	17.51
77	32.43	30.60	28.87	27.22	25.60	23.97	22.28	20.48	18.40	15.83
78	32.21	30.39	28.66	26.95	25.23	23.46	21.55	19.37	16.66	13.06
79	32.03	30.20	28.40	26.59	24.72	22.71	20.41	17.56	13.76	8.33
80	31.86	29.96	28.05	26.08	23.96	21.53	18.52	14.52	8.78	0.00

## SURRENDER CHARGE CALCULATION - Continued

### SURRENDER CHARGE FACTORS PER \$1,000 SPECIFIED AMOUNT - Male Tobacco

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
0-15	----- NOT APPLICABLE -----									
16	19.53	19.38	19.24	19.10	18.95	18.79	18.64	18.48	18.31	18.15
17	19.85	19.70	19.56	19.40	19.25	19.09	18.92	18.76	18.58	18.41
18	20.18	20.03	19.87	19.71	19.55	19.38	19.21	19.04	18.86	18.67
19	20.52	20.36	20.20	20.03	19.86	19.68	19.50	19.32	19.13	18.94
20	20.88	20.71	20.54	20.36	20.18	20.00	19.81	19.61	19.42	19.21
21	21.24	21.07	20.88	20.70	20.51	20.32	20.12	19.92	19.71	19.49
22	21.62	21.44	21.25	21.05	20.86	20.65	20.44	20.23	20.00	19.77
23	22.02	21.82	21.62	21.42	21.21	21.00	20.77	20.54	20.31	20.06
24	22.43	22.22	22.01	21.80	21.58	21.35	21.11	20.87	20.62	20.36
25	22.86	22.64	22.42	22.19	21.96	21.71	21.46	21.21	20.94	20.67
26	23.30	23.07	22.84	22.60	22.35	22.09	21.82	21.55	21.27	20.99
27	23.76	23.52	23.27	23.01	22.75	22.48	22.20	21.91	21.61	21.31
28	24.24	23.99	23.72	23.45	23.17	22.88	22.58	22.28	21.97	21.65
29	24.75	24.47	24.19	23.90	23.60	23.30	22.98	22.66	22.33	22.00
30	25.28	24.99	24.69	24.38	24.07	23.74	23.41	23.07	22.72	22.37
31	25.84	25.53	25.21	24.89	24.55	24.21	23.86	23.50	23.13	22.76
32	26.43	26.10	25.77	25.42	25.06	24.70	24.33	23.95	23.57	23.17
33	27.06	26.71	26.35	25.98	25.60	25.22	24.83	24.43	24.02	23.61
34	27.72	27.34	26.96	26.57	26.17	25.76	25.35	24.93	24.50	24.07
35	28.41	28.01	27.60	27.19	26.77	26.34	25.90	25.46	25.01	24.55
36	29.14	28.71	28.28	27.84	27.40	26.94	26.48	26.01	25.54	25.06
37	29.90	29.45	29.00	28.53	28.06	27.57	27.09	26.60	26.10	25.60
38	30.71	30.23	29.74	29.25	28.75	28.24	27.73	27.21	26.69	26.16
39	31.56	31.05	30.53	30.01	29.48	28.95	28.41	27.86	27.30	26.73
40	32.45	31.91	31.36	30.81	30.25	29.69	29.11	28.53	27.94	27.33
41	33.38	32.81	32.23	31.65	31.06	30.46	29.85	29.23	28.60	27.96
42	34.37	33.76	33.15	32.53	31.91	31.27	30.62	29.96	29.28	28.60
43	35.40	34.76	34.11	33.46	32.79	32.11	31.41	30.70	29.99	29.27
44	36.49	35.80	35.12	34.41	33.70	32.97	32.23	31.48	30.72	29.96
45	37.62	36.89	36.16	35.40	34.64	33.86	33.07	32.28	31.48	30.69
46	38.80	38.03	37.24	36.43	35.61	34.78	33.95	33.11	32.28	31.44
47	40.04	39.21	38.36	37.50	36.62	35.75	34.87	33.99	33.11	32.23
48	41.35	40.45	39.54	38.62	37.70	36.77	35.84	34.92	33.99	33.07
49	42.74	41.78	40.81	39.83	38.85	37.87	36.89	35.91	34.94	33.95
50	44.22	43.19	42.16	41.12	40.08	39.05	38.02	36.98	35.94	34.89
51	45.80	44.70	43.60	42.50	41.40	40.31	39.21	38.10	36.99	35.88
52	47.47	46.30	45.13	43.97	42.80	41.64	40.46	39.28	38.10	36.94
53	49.23	47.99	46.75	45.52	44.28	43.03	41.77	40.52	39.28	38.06
54	51.10	49.78	48.46	47.14	45.81	44.48	43.14	41.82	40.53	39.25
55	53.05	51.65	50.24	48.83	47.40	45.98	44.58	43.19	41.83	40.49
56	55.10	53.60	52.09	50.57	49.05	47.55	46.08	44.63	43.20	41.78
57	57.25	55.63	54.01	52.39	50.79	49.21	47.66	46.14	44.62	43.11
58	58.30	56.60	54.91	53.23	51.57	49.95	48.35	46.76	45.18	43.59
59	58.25	56.50	54.77	53.07	51.40	49.75	48.12	46.49	44.86	43.22
60	58.20	56.42	54.67	52.95	51.25	49.56	47.89	46.21	44.52	42.83
61	58.16	56.36	54.58	52.83	51.10	49.36	47.63	45.89	44.15	42.41
62	58.13	56.30	54.50	52.71	50.92	49.13	47.34	45.54	43.74	41.96
63	58.11	56.24	54.40	52.55	50.71	48.86	47.00	45.14	43.31	41.50
64	58.07	56.16	54.26	52.36	50.45	48.53	46.61	44.72	42.85	41.01
65	58.02	56.06	54.09	52.12	50.14	48.16	46.20	44.27	42.37	40.48

## SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
0-15	----- NOT APPLICABLE -----									
16	17.98	17.80	17.62	17.43	17.24	17.04	16.84	16.63	16.41	16.19
17	18.23	18.04	17.85	17.66	17.45	17.24	17.03	16.81	16.58	16.35
18	18.48	18.29	18.09	17.88	17.66	17.44	17.22	16.98	16.75	16.50
19	18.74	18.53	18.32	18.10	17.87	17.64	17.40	17.16	16.91	16.66
20	19.00	18.78	18.55	18.32	18.09	17.84	17.59	17.34	17.08	16.81
21	19.26	19.03	18.79	18.55	18.30	18.05	17.78	17.52	17.24	16.97
22	19.54	19.29	19.04	18.78	18.52	18.25	17.98	17.70	17.42	17.13
23	19.81	19.56	19.29	19.02	18.75	18.47	18.18	17.89	17.59	17.29
24	20.10	19.83	19.55	19.27	18.98	18.68	18.38	18.08	17.77	17.45
25	20.39	20.11	19.82	19.52	19.22	18.91	18.59	18.27	17.95	17.63
26	20.69	20.39	20.09	19.77	19.46	19.13	18.81	18.47	18.14	17.80
27	21.00	20.69	20.36	20.04	19.70	19.37	19.03	18.68	18.33	17.98
28	21.32	20.99	20.65	20.31	19.96	19.61	19.25	18.89	18.53	18.16
29	21.66	21.31	20.95	20.60	20.23	19.87	19.50	19.12	18.74	18.35
30	22.01	21.64	21.27	20.90	20.52	20.14	19.75	19.36	18.95	18.54
31	22.38	22.00	21.61	21.22	20.82	20.42	20.02	19.60	19.17	18.74
32	22.78	22.38	21.97	21.56	21.15	20.72	20.29	19.85	19.41	18.95
33	23.19	22.77	22.35	21.92	21.48	21.03	20.58	20.12	19.65	19.18
34	23.63	23.19	22.75	22.29	21.83	21.35	20.87	20.39	19.90	19.41
35	24.10	23.63	23.16	22.68	22.19	21.69	21.18	20.67	20.17	19.66
36	24.58	24.09	23.59	23.08	22.56	22.03	21.51	20.98	20.45	19.92
37	25.09	24.57	24.03	23.49	22.95	22.40	21.84	21.29	20.74	20.20
38	25.61	25.06	24.49	23.92	23.35	22.77	22.20	21.63	21.06	20.48
39	26.16	25.57	24.97	24.37	23.77	23.17	22.58	21.98	21.38	20.78
40	26.72	26.10	25.47	24.84	24.22	23.59	22.97	22.34	21.71	21.08
41	27.31	26.65	25.99	25.34	24.68	24.03	23.38	22.72	22.05	21.39
42	27.91	27.23	26.54	25.86	25.17	24.49	23.80	23.10	22.41	21.72
43	28.55	27.83	27.11	26.39	25.68	24.95	24.22	23.50	22.78	22.07
44	29.21	28.46	27.70	26.95	26.19	25.42	24.66	23.91	23.17	22.44
45	29.90	29.11	28.31	27.51	26.71	25.91	25.12	24.34	23.57	22.82
46	30.61	29.78	28.94	28.09	27.25	26.42	25.60	24.79	24.00	23.21
47	31.36	30.47	29.58	28.70	27.82	26.95	26.11	25.27	24.44	23.61
48	32.13	31.20	30.26	29.34	28.43	27.53	26.65	25.77	24.90	24.03
49	32.96	31.97	31.00	30.03	29.09	28.15	27.23	26.31	25.38	24.46
50	33.84	32.81	31.79	30.79	29.80	28.82	27.85	26.87	25.89	24.90
51	34.79	33.71	32.64	31.60	30.56	29.52	28.49	27.45	26.40	25.36
52	35.79	34.67	33.55	32.45	31.35	30.25	29.15	28.04	26.93	25.84
53	36.86	35.68	34.51	33.34	32.17	31.00	29.82	28.64	27.48	26.33
54	37.99	36.74	35.50	34.25	33.00	31.75	30.49	29.25	28.03	26.83
55	39.16	37.83	36.51	35.17	33.84	32.50	31.18	29.88	28.59	27.32
56	40.36	38.95	37.52	36.10	34.67	33.26	31.87	30.50	29.15	27.81
57	41.60	40.08	38.55	37.03	35.52	34.04	32.58	31.13	29.70	28.30
58	42.00	40.40	38.81	37.23	35.68	34.14	32.62	31.13	29.66	28.22
59	41.58	39.94	38.31	36.71	35.13	33.57	32.03	30.52	29.04	27.61
60	41.14	39.46	37.82	36.19	34.58	32.99	31.43	29.91	28.44	27.02
61	40.68	38.98	37.31	35.65	34.01	32.41	30.84	29.32	27.86	26.45
62	40.21	38.48	36.77	35.09	33.43	31.81	30.24	28.73	27.29	25.90
63	39.72	37.95	36.21	34.50	32.83	31.21	29.65	28.16	26.73	25.34
64	39.19	37.39	35.62	33.90	32.23	30.62	29.08	27.60	26.17	24.78
65	38.63	36.80	35.02	33.29	31.63	30.04	28.51	27.03	25.60	24.23

## SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Tobacco - Continued

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
66	57.96	55.93	53.89	51.84	49.79	47.77	45.77	43.81	41.86	39.94
67	57.89	55.78	53.66	51.54	49.44	47.38	45.34	43.33	41.34	39.38
68	57.80	55.61	53.41	51.24	49.10	46.99	44.90	42.84	40.82	38.84
69	57.71	55.44	53.18	50.96	48.77	46.60	44.47	42.36	40.31	38.33
70	57.63	55.28	52.98	50.70	48.44	46.22	44.04	41.90	39.84	37.85
71	57.55	55.15	52.78	50.44	48.12	45.85	43.63	41.48	39.41	37.42
72	57.49	55.02	52.58	50.16	47.79	45.48	43.24	41.08	39.01	37.03
73	57.41	54.86	52.35	49.87	47.46	45.12	42.87	40.71	38.64	36.64
74	57.33	54.70	52.11	49.59	47.15	44.80	42.54	40.37	38.28	36.26
75	57.24	54.54	51.90	49.34	46.88	44.52	42.25	40.06	37.94	35.91
76	57.16	54.39	51.71	49.13	46.66	44.28	41.99	39.77	37.64	35.63
77	57.09	54.28	51.57	48.97	46.48	44.07	41.74	39.51	37.39	35.42
78	57.04	54.20	51.47	48.85	46.32	43.86	41.52	39.30	37.22	35.28
79	57.00	54.13	51.38	48.71	46.14	43.67	41.33	39.15	37.11	35.21
80	56.97	54.07	51.27	48.56	45.96	43.50	41.20	39.06	37.06	35.21

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
66	38.05	36.21	34.42	32.71	31.06	29.48	27.95	26.47	25.05	23.72
67	37.48	35.63	33.85	32.15	30.51	28.93	27.40	25.93	24.55	23.25
68	36.93	35.09	33.32	31.62	29.98	28.40	26.88	25.44	24.09	22.84
69	36.41	34.58	32.82	31.12	29.47	27.89	26.40	25.01	23.71	22.49
70	35.95	34.12	32.35	30.64	29.00	27.45	25.99	24.64	23.38	22.21
71	35.52	33.68	31.90	30.19	28.58	27.06	25.65	24.35	23.13	21.96
72	35.11	33.25	31.47	29.79	28.21	26.74	25.38	24.11	22.90	21.69
73	34.70	32.84	31.08	29.44	27.91	26.48	25.16	23.89	22.64	21.36
74	34.32	32.48	30.76	29.16	27.67	26.29	24.97	23.65	22.32	20.92
75	33.99	32.19	30.52	28.96	27.51	26.13	24.76	23.36	21.89	20.28
76	33.74	31.98	30.35	28.83	27.38	25.95	24.48	22.94	21.25	19.27
77	33.57	31.86	30.26	28.74	27.23	25.70	24.08	22.31	20.22	17.56
78	33.48	31.80	30.20	28.62	27.01	25.30	23.44	21.25	18.46	14.61
79	33.45	31.77	30.10	28.40	26.61	24.65	22.35	19.41	15.37	9.40
80	33.44	31.68	29.90	28.01	25.95	23.53	20.43	16.18	9.90	0.00

## SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Non-Tobacco

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
0	14.08	14.04	13.99	13.94	13.89	13.84	13.78	13.73	13.67	13.61
1	14.20	14.15	14.10	14.05	14.00	13.94	13.89	13.83	13.77	13.71
2	14.33	14.28	14.22	14.17	14.12	14.06	14.00	13.94	13.88	13.81
3	14.46	14.41	14.36	14.30	14.24	14.18	14.12	14.06	13.99	13.93
4	14.61	14.55	14.49	14.43	14.37	14.31	14.25	14.18	14.12	14.05
5	14.75	14.70	14.64	14.58	14.51	14.45	14.38	14.31	14.25	14.17
6	14.91	14.85	14.79	14.72	14.66	14.59	14.52	14.45	14.38	14.31
7	15.07	15.01	14.94	14.87	14.81	14.74	14.67	14.59	14.52	14.44
8	15.23	15.17	15.10	15.03	14.96	14.89	14.81	14.74	14.66	14.58
9	15.40	15.34	15.27	15.19	15.12	15.05	14.97	14.89	14.81	14.72
10	15.58	15.51	15.44	15.36	15.29	15.21	15.13	15.05	14.96	14.87
11	15.77	15.69	15.62	15.54	15.46	15.38	15.29	15.21	15.12	15.03
12	15.96	15.88	15.80	15.72	15.64	15.55	15.46	15.37	15.28	15.19
13	16.16	16.08	15.99	15.91	15.82	15.73	15.64	15.55	15.45	15.35
14	16.36	16.28	16.19	16.10	16.01	15.92	15.82	15.72	15.62	15.52
15	16.57	16.48	16.39	16.30	16.21	16.11	16.01	15.90	15.80	15.69
16	16.79	16.70	16.60	16.51	16.41	16.30	16.20	16.09	15.98	15.86
17	17.01	16.92	16.82	16.72	16.61	16.51	16.40	16.28	16.17	16.05
18	17.25	17.15	17.04	16.94	16.83	16.72	16.60	16.48	16.36	16.23
19	17.49	17.39	17.28	17.17	17.05	16.93	16.81	16.69	16.56	16.43
20	17.74	17.63	17.52	17.40	17.28	17.16	17.03	16.90	16.77	16.63
21	18.01	17.89	17.77	17.65	17.52	17.39	17.26	17.12	16.98	16.84
22	18.28	18.16	18.03	17.90	17.77	17.63	17.49	17.35	17.20	17.05
23	18.56	18.44	18.30	18.17	18.03	17.89	17.74	17.59	17.43	17.27
24	18.86	18.73	18.59	18.44	18.30	18.15	17.99	17.84	17.67	17.51
25	19.17	19.03	18.88	18.73	18.58	18.42	18.26	18.09	17.92	17.75
26	19.49	19.34	19.19	19.03	18.87	18.71	18.53	18.36	18.18	18.01
27	19.83	19.67	19.51	19.34	19.17	19.00	18.82	18.64	18.45	18.26
28	20.18	20.01	19.84	19.67	19.49	19.31	19.12	18.93	18.73	18.53
29	20.54	20.37	20.19	20.01	19.82	19.62	19.43	19.22	19.02	18.80
30	20.92	20.74	20.55	20.36	20.16	19.96	19.75	19.54	19.32	19.09
31	21.32	21.13	20.93	20.73	20.52	20.30	20.08	19.86	19.63	19.39
32	21.74	21.53	21.32	21.11	20.89	20.66	20.43	20.19	19.95	19.70
33	22.17	21.95	21.73	21.51	21.27	21.04	20.79	20.54	20.28	20.02
34	22.62	22.39	22.16	21.92	21.68	21.42	21.17	20.90	20.63	20.35
35	23.10	22.85	22.61	22.35	22.09	21.83	21.55	21.27	20.99	20.69
36	23.59	23.33	23.07	22.80	22.53	22.25	21.96	21.66	21.36	21.05
37	24.10	23.83	23.56	23.27	22.98	22.68	22.38	22.06	21.75	21.42
38	24.64	24.35	24.06	23.76	23.45	23.14	22.81	22.48	22.15	21.80
39	25.21	24.90	24.59	24.27	23.94	23.61	23.27	22.92	22.57	22.21
40	25.80	25.48	25.14	24.81	24.46	24.11	23.75	23.38	23.01	22.63
41	26.42	26.08	25.73	25.37	25.00	24.63	24.25	23.86	23.47	23.07
42	27.07	26.71	26.34	25.96	25.57	25.17	24.77	24.36	23.95	23.53
43	27.76	27.37	26.98	26.57	26.16	25.74	25.32	24.89	24.45	24.01
44	28.48	28.07	27.65	27.22	26.79	26.34	25.90	25.44	24.98	24.51
45	29.24	28.80	28.35	27.90	27.44	26.97	26.50	26.02	25.53	25.04
46	30.03	29.57	29.09	28.61	28.13	27.63	27.13	26.62	26.11	25.59
47	30.86	30.37	29.87	29.36	28.84	28.32	27.79	27.25	26.71	26.16
48	31.74	31.22	30.68	30.14	29.60	29.04	28.48	27.92	27.34	26.76
49	32.66	32.10	31.54	30.97	30.39	29.80	29.21	28.61	28.00	27.39
50	33.62	33.03	32.43	31.83	31.21	30.59	29.96	29.33	28.69	28.04
51	34.64	34.01	33.37	32.73	32.08	31.42	30.75	30.08	29.40	28.71
52	35.70	35.04	34.36	33.67	32.98	32.28	31.58	30.86	30.14	29.41
53	36.82	36.11	35.39	34.66	33.93	33.19	32.44	31.68	30.91	30.13
54	37.99	37.24	36.47	35.70	34.92	34.13	33.33	32.52	31.71	30.88
55	39.23	38.42	37.61	36.79	35.95	35.11	34.26	33.40	32.53	31.65
56	40.52	39.67	38.80	37.92	37.03	36.14	35.23	34.31	33.38	32.45
57	41.89	40.97	40.05	39.11	38.16	37.20	36.23	35.25	34.27	33.27
58	43.32	42.34	41.35	40.35	39.34	38.31	37.28	36.23	35.18	34.12
59	44.83	43.78	42.72	41.65	40.57	39.47	38.36	37.25	36.12	34.99
60	46.43	45.31	44.17	43.02	41.86	40.68	39.50	38.31	37.11	35.90
61	48.12	46.91	45.69	44.46	43.21	41.95	40.69	39.41	38.13	36.85
62	49.91	48.61	47.30	45.97	44.64	43.29	41.93	40.57	39.21	37.84
63	51.81	50.41	49.00	47.57	46.14	44.69	43.24	41.79	40.33	38.87
64	53.83	52.32	50.80	49.27	47.73	46.17	44.62	43.06	41.51	39.95
65	55.98	54.35	52.71	51.06	49.40	47.74	46.08	44.41	42.75	41.09

## SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
0	13.55	13.49	13.43	13.36	13.29	13.23	13.16	13.08	13.01	12.93
1	13.65	13.58	13.52	13.45	13.38	13.31	13.24	13.16	13.08	13.01
2	13.75	13.68	13.61	13.54	13.47	13.40	13.32	13.25	13.17	13.09
3	13.86	13.79	13.72	13.65	13.57	13.50	13.42	13.34	13.26	13.17
4	13.98	13.91	13.83	13.76	13.68	13.60	13.52	13.44	13.35	13.26
5	14.10	14.03	13.95	13.87	13.79	13.71	13.62	13.54	13.44	13.35
6	14.23	14.15	14.07	13.99	13.91	13.82	13.73	13.64	13.54	13.45
7	14.36	14.28	14.20	14.11	14.02	13.93	13.84	13.75	13.65	13.55
8	14.50	14.41	14.33	14.24	14.15	14.05	13.95	13.85	13.75	13.65
9	14.64	14.55	14.46	14.37	14.27	14.17	14.07	13.97	13.86	13.75
10	14.78	14.69	14.60	14.50	14.40	14.30	14.19	14.08	13.97	13.85
11	14.93	14.84	14.74	14.64	14.53	14.42	14.31	14.20	14.08	13.96
12	15.09	14.99	14.88	14.78	14.67	14.56	14.44	14.32	14.20	14.07
13	15.25	15.14	15.03	14.92	14.81	14.69	14.57	14.45	14.32	14.19
14	15.41	15.30	15.19	15.07	14.95	14.83	14.70	14.57	14.44	14.30
15	15.58	15.46	15.34	15.22	15.10	14.97	14.84	14.70	14.56	14.42
16	15.75	15.63	15.50	15.38	15.24	15.11	14.97	14.83	14.69	14.54
17	15.92	15.80	15.67	15.53	15.40	15.26	15.11	14.97	14.82	14.66
18	16.11	15.97	15.84	15.70	15.56	15.41	15.26	15.10	14.95	14.79
19	16.29	16.15	16.01	15.87	15.72	15.56	15.41	15.25	15.08	14.91
20	16.49	16.34	16.19	16.04	15.88	15.72	15.56	15.39	15.22	15.04
21	16.69	16.54	16.38	16.22	16.06	15.89	15.72	15.54	15.36	15.18
22	16.90	16.74	16.57	16.41	16.24	16.06	15.88	15.69	15.51	15.31
23	17.11	16.94	16.77	16.60	16.42	16.24	16.05	15.85	15.65	15.45
24	17.34	17.16	16.98	16.80	16.61	16.42	16.22	16.02	15.81	15.59
25	17.57	17.39	17.20	17.00	16.81	16.60	16.40	16.18	15.97	15.74
26	17.81	17.62	17.42	17.22	17.01	16.80	16.58	16.36	16.13	15.89
27	18.06	17.86	17.65	17.44	17.22	16.99	16.77	16.53	16.29	16.05
28	18.32	18.10	17.89	17.66	17.43	17.20	16.96	16.71	16.46	16.21
29	18.58	18.36	18.13	17.89	17.65	17.41	17.16	16.90	16.64	16.37
30	18.86	18.62	18.38	18.14	17.88	17.62	17.36	17.09	16.82	16.54
31	19.15	18.90	18.64	18.38	18.12	17.85	17.57	17.29	17.01	16.72
32	19.44	19.18	18.91	18.64	18.36	18.08	17.79	17.50	17.20	16.89
33	19.75	19.47	19.19	18.91	18.61	18.32	18.01	17.71	17.40	17.08
34	20.07	19.78	19.48	19.18	18.87	18.56	18.25	17.93	17.60	17.27
35	20.40	20.09	19.78	19.46	19.14	18.82	18.49	18.15	17.81	17.47
36	20.74	20.42	20.09	19.76	19.42	19.08	18.73	18.38	18.03	17.67
37	21.09	20.75	20.41	20.06	19.71	19.35	18.99	18.62	18.25	17.88
38	21.46	21.10	20.74	20.38	20.01	19.63	19.25	18.87	18.48	18.09
39	21.84	21.47	21.09	20.71	20.32	19.93	19.53	19.13	18.72	18.32
40	22.24	21.85	21.45	21.05	20.65	20.23	19.82	19.40	18.97	18.55
41	22.66	22.25	21.83	21.41	20.98	20.55	20.12	19.68	19.23	18.78
42	23.10	22.67	22.23	21.79	21.34	20.89	20.43	19.97	19.50	19.03
43	23.56	23.10	22.64	22.18	21.71	21.23	20.75	20.27	19.78	19.28
44	24.04	23.56	23.07	22.59	22.09	21.59	21.09	20.58	20.06	19.54
45	24.54	24.03	23.53	23.01	22.49	21.96	21.43	20.89	20.35	19.80
46	25.06	24.53	24.00	23.45	22.90	22.35	21.79	21.22	20.65	20.07
47	25.61	25.05	24.48	23.91	23.33	22.74	22.15	21.55	20.95	20.34
48	26.18	25.59	24.99	24.38	23.77	23.15	22.52	21.89	21.26	20.61
49	26.77	26.14	25.51	24.87	24.22	23.57	22.91	22.24	21.57	20.89
50	27.38	26.72	26.05	25.37	24.68	23.99	23.29	22.59	21.88	21.17
51	28.02	27.31	26.60	25.88	25.16	24.43	23.69	22.95	22.20	21.45
52	28.67	27.93	27.17	26.41	25.64	24.87	24.09	23.31	22.52	21.74
53	29.35	28.56	27.75	26.95	26.13	25.32	24.49	23.67	22.84	22.02
54	30.04	29.20	28.35	27.50	26.64	25.77	24.90	24.03	23.17	22.30
55	30.76	29.87	28.97	28.06	27.15	26.23	25.32	24.40	23.49	22.58
56	31.50	30.55	29.60	28.64	27.67	26.71	25.74	24.78	23.82	22.86
57	32.27	31.26	30.24	29.22	28.20	27.18	26.16	25.15	24.14	23.13
58	33.05	31.97	30.90	29.82	28.74	27.67	26.59	25.52	24.46	23.40
59	33.86	32.72	31.57	30.43	29.29	28.16	27.02	25.90	24.77	23.66
60	34.69	33.48	32.27	31.06	29.86	28.66	27.46	26.27	25.09	23.91
61	35.56	34.28	33.00	31.72	30.44	29.17	27.90	26.65	25.40	24.17
62	36.47	35.10	33.74	32.38	31.03	29.69	28.35	27.02	25.71	24.44
63	37.42	35.96	34.52	33.07	31.64	30.22	28.80	27.41	26.05	24.73
64	38.40	36.86	35.32	33.79	32.27	30.75	29.26	27.82	26.41	25.04
65	39.44	37.79	36.15	34.52	32.90	31.31	29.76	28.26	26.79	25.36

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
66	58.25	56.49	54.72	52.95	51.16	49.38	47.59	45.81	44.03	42.26
67	58.18	56.36	54.53	52.70	50.86	49.02	47.18	45.35	43.53	41.71
68	58.12	56.23	54.34	52.44	50.55	48.65	46.76	44.88	43.01	41.15
69	58.05	56.09	54.13	52.18	50.22	48.28	46.33	44.40	42.47	40.56
70	57.97	55.95	53.93	51.91	49.90	47.89	45.89	43.90	41.92	39.96
71	57.90	55.81	53.72	51.64	49.56	47.49	45.43	43.38	41.35	39.35
72	57.83	55.66	53.50	51.35	49.21	47.07	44.95	42.84	40.77	38.76
73	57.75	55.51	53.27	51.05	48.84	46.64	44.45	42.30	40.21	38.18
74	57.67	55.35	53.04	50.74	48.45	46.18	43.95	41.77	39.66	37.60
75	57.58	55.18	52.79	50.41	48.04	45.72	43.46	41.26	39.12	37.03
76	57.49	55.00	52.52	50.06	47.64	45.28	42.99	40.76	38.58	36.44
77	57.40	54.81	52.24	49.71	47.26	44.87	42.53	40.26	38.03	35.86
78	57.29	54.61	51.96	49.40	46.90	44.46	42.09	39.75	37.48	35.32
79	57.18	54.41	51.73	49.11	46.56	44.07	41.63	39.25	36.98	34.81
80	57.09	54.27	51.53	48.85	46.24	43.68	41.18	38.80	36.52	34.31



# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
66	40.50	38.74	37.00	35.26	33.56	31.90	30.29	28.71	27.18	25.67
67	39.90	38.11	36.32	34.56	32.85	31.19	29.57	27.99	26.44	24.93
68	39.29	37.45	35.64	33.88	32.16	30.49	28.86	27.26	25.71	24.22
69	38.66	36.79	34.97	33.20	31.48	29.80	28.14	26.54	25.00	23.53
70	38.02	36.15	34.32	32.53	30.80	29.09	27.43	25.84	24.32	22.85
71	37.41	35.51	33.67	31.87	30.10	28.38	26.74	25.17	23.64	22.06
72	36.80	34.88	33.02	31.19	29.41	27.71	26.08	24.50	22.85	21.10
73	36.19	34.26	32.36	30.51	28.75	27.06	25.42	23.71	21.89	20.02
74	35.59	33.62	31.70	29.87	28.11	26.41	24.63	22.75	20.80	18.84
75	34.98	32.98	31.07	29.25	27.47	25.63	23.66	21.64	19.60	17.52
76	34.36	32.38	30.47	28.62	26.70	24.66	22.55	20.42	18.25	15.98
77	33.79	31.80	29.87	27.87	25.73	23.53	21.31	19.05	16.67	13.99
78	33.24	31.22	29.13	26.90	24.60	22.27	19.91	17.43	14.63	11.11
79	32.70	30.50	28.17	25.76	23.32	20.85	18.25	15.32	11.64	6.72
80	32.00	29.55	27.03	24.47	21.88	19.15	16.07	12.21	7.05	0.00

## SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Tobacco

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
0-15	----- NOT APPLICABLE -----									
16	18.35	18.23	18.10	17.97	17.84	17.70	17.56	17.42	17.27	17.12
17	18.64	18.51	18.38	18.24	18.10	17.96	17.81	17.66	17.51	17.35
18	18.95	18.81	18.67	18.53	18.38	18.23	18.07	17.91	17.75	17.58
19	19.26	19.12	18.97	18.82	18.66	18.50	18.34	18.17	18.00	17.83
20	19.58	19.43	19.28	19.12	18.96	18.79	18.62	18.44	18.27	18.08
21	19.92	19.76	19.60	19.43	19.26	19.09	18.91	18.72	18.54	18.34
22	20.27	20.11	19.94	19.76	19.58	19.40	19.21	19.01	18.82	18.61
23	20.64	20.46	20.28	20.10	19.91	19.72	19.52	19.31	19.11	18.89
24	21.02	20.84	20.65	20.45	20.26	20.05	19.84	19.63	19.41	19.18
25	21.42	21.23	21.03	20.82	20.61	20.40	20.18	19.95	19.72	19.49
26	21.84	21.63	21.42	21.21	20.98	20.76	20.53	20.29	20.05	19.80
27	22.27	22.05	21.83	21.60	21.37	21.13	20.89	20.64	20.38	20.13
28	22.72	22.49	22.26	22.02	21.77	21.52	21.27	21.00	20.74	20.46
29	23.20	22.95	22.71	22.45	22.19	21.93	21.66	21.38	21.10	20.81
30	23.69	23.43	23.17	22.90	22.63	22.35	22.07	21.78	21.48	21.17
31	24.21	23.94	23.66	23.38	23.09	22.79	22.49	22.19	21.87	21.55
32	24.75	24.46	24.17	23.87	23.57	23.25	22.94	22.61	22.28	21.94
33	25.31	25.01	24.70	24.39	24.06	23.73	23.40	23.05	22.70	22.34
34	25.90	25.58	25.26	24.92	24.58	24.23	23.87	23.51	23.14	22.76
35	26.52	26.18	25.83	25.48	25.12	24.75	24.37	23.98	23.59	23.19
36	27.16	26.80	26.44	26.06	25.68	25.28	24.88	24.47	24.06	23.63
37	27.84	27.45	27.06	26.66	26.26	25.84	25.42	24.98	24.54	24.10
38	28.54	28.14	27.72	27.30	26.86	26.42	25.97	25.52	25.05	24.58
39	29.29	28.85	28.41	27.96	27.50	27.03	26.56	26.07	25.59	25.09
40	30.07	29.61	29.14	28.66	28.17	27.67	27.17	26.66	26.15	25.63
41	30.89	30.40	29.90	29.39	28.87	28.35	27.82	27.28	26.74	26.20
42	31.76	31.23	30.70	30.16	29.61	29.06	28.50	27.94	27.37	26.80
43	32.67	32.11	31.55	30.97	30.39	29.81	29.22	28.63	28.03	27.44
44	33.63	33.04	32.44	31.83	31.22	30.60	29.98	29.36	28.73	28.10
45	34.64	34.01	33.37	32.73	32.08	31.43	30.78	30.13	29.47	28.81
46	35.70	35.03	34.36	33.68	33.00	32.31	31.63	30.94	30.24	29.55
47	36.82	36.11	35.40	34.68	33.96	33.24	32.52	31.79	31.06	30.33
48	38.00	37.25	36.49	35.74	34.98	34.21	33.45	32.68	31.92	31.15
49	39.23	38.44	37.64	36.84	36.03	35.23	34.42	33.62	32.81	32.00
50	40.52	39.68	38.84	37.99	37.14	36.29	35.44	34.59	33.73	32.88
51	41.88	40.98	40.09	39.19	38.30	37.40	36.50	35.60	34.69	33.79
52	43.29	42.34	41.40	40.45	39.50	38.55	37.60	36.65	35.69	34.73
53	44.77	43.77	42.77	41.77	40.76	39.75	38.74	37.73	36.72	35.70
54	46.32	45.26	44.20	43.14	42.07	41.00	39.93	38.86	37.78	36.70
55	47.94	46.82	45.69	44.56	43.43	42.30	41.16	40.02	38.88	37.73
56	49.64	48.44	47.25	46.05	44.85	43.64	42.43	41.22	40.01	38.79
57	51.42	50.15	48.87	47.60	46.32	45.04	43.75	42.46	41.17	39.88
58	53.28	51.93	50.57	49.22	47.85	46.49	45.12	43.75	42.37	41.00
59	55.25	53.80	52.36	50.91	49.46	48.00	46.54	45.08	43.62	42.17
60	57.31	55.77	54.23	52.68	51.13	49.58	48.02	46.47	44.92	43.37
61	58.38	56.77	55.15	53.52	51.90	50.27	48.64	47.02	45.40	43.80
62	58.34	56.67	55.00	53.33	51.66	49.98	48.32	46.65	45.01	43.38
63	58.28	56.57	54.85	53.13	51.41	49.69	47.98	46.29	44.61	42.96
64	58.23	56.46	54.69	52.92	51.15	49.39	47.65	45.92	44.22	42.54
65	58.17	56.34	54.52	52.70	50.89	49.09	47.31	45.56	43.83	42.13

## SURRENDER CHARGE CALCULATION - Continued

### SURRENDER CHARGE FACTORS PER \$1,000 SPECIFIED AMOUNT - Female Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
0-15	----- NOT APPLICABLE -----									
16	16.96	16.80	16.64	16.47	16.30	16.12	15.94	15.76	15.57	15.38
17	17.18	17.02	16.84	16.67	16.49	16.30	16.12	15.92	15.73	15.53
18	17.41	17.24	17.06	16.87	16.68	16.49	16.30	16.09	15.89	15.68
19	17.65	17.46	17.28	17.08	16.89	16.68	16.48	16.27	16.05	15.83
20	17.89	17.70	17.50	17.30	17.09	16.88	16.67	16.45	16.22	15.99
21	18.14	17.94	17.73	17.52	17.31	17.09	16.86	16.63	16.39	16.15
22	18.40	18.19	17.98	17.75	17.53	17.30	17.06	16.82	16.57	16.31
23	18.67	18.45	18.22	17.99	17.75	17.51	17.26	17.01	16.75	16.48
24	18.96	18.72	18.48	18.24	17.99	17.73	17.47	17.20	16.93	16.65
25	19.25	19.00	18.75	18.49	18.23	17.96	17.69	17.41	17.12	16.83
26	19.55	19.29	19.03	18.75	18.48	18.20	17.91	17.61	17.31	17.01
27	19.86	19.59	19.31	19.02	18.73	18.44	18.13	17.82	17.51	17.19
28	20.18	19.89	19.60	19.30	18.99	18.68	18.36	18.04	17.71	17.38
29	20.52	20.21	19.90	19.59	19.27	18.94	18.60	18.27	17.92	17.58
30	20.86	20.54	20.21	19.88	19.54	19.20	18.85	18.50	18.14	17.78
31	21.22	20.88	20.54	20.19	19.83	19.47	19.11	18.74	18.37	18.00
32	21.59	21.23	20.87	20.50	20.13	19.75	19.37	18.99	18.61	18.22
33	21.97	21.60	21.22	20.83	20.44	20.05	19.65	19.25	18.85	18.45
34	22.37	21.97	21.57	21.17	20.76	20.35	19.94	19.53	19.11	18.69
35	22.78	22.36	21.95	21.52	21.10	20.67	20.24	19.81	19.38	18.94
36	23.20	22.77	22.33	21.89	21.45	21.00	20.55	20.10	19.66	19.21
37	23.65	23.19	22.73	22.27	21.81	21.34	20.88	20.41	19.95	19.48
38	24.11	23.63	23.15	22.67	22.19	21.71	21.22	20.74	20.25	19.76
39	24.60	24.10	23.60	23.10	22.59	22.09	21.58	21.08	20.57	20.06
40	25.11	24.59	24.07	23.54	23.02	22.49	21.96	21.43	20.91	20.37
41	25.66	25.11	24.56	24.01	23.46	22.91	22.36	21.81	21.26	20.70
42	26.23	25.66	25.09	24.51	23.94	23.36	22.78	22.21	21.63	21.04
43	26.84	26.24	25.64	25.04	24.43	23.83	23.23	22.62	22.01	21.40
44	27.48	26.85	26.22	25.59	24.96	24.32	23.69	23.05	22.41	21.77
45	28.15	27.49	26.83	26.17	25.50	24.84	24.17	23.50	22.83	22.16
46	28.86	28.17	27.47	26.77	26.07	25.37	24.67	23.97	23.26	22.55
47	29.60	28.87	28.14	27.40	26.67	25.93	25.19	24.45	23.71	22.96
48	30.38	29.61	28.84	28.06	27.28	26.51	25.73	24.94	24.16	23.38
49	31.19	30.37	29.55	28.74	27.92	27.10	26.27	25.45	24.62	23.80
50	32.02	31.16	30.30	29.43	28.57	27.70	26.83	25.96	25.09	24.23
51	32.88	31.97	31.06	30.14	29.23	28.31	27.39	26.48	25.57	24.67
52	33.77	32.81	31.84	30.87	29.90	28.93	27.97	27.01	26.05	25.11
53	34.68	33.66	32.64	31.61	30.59	29.57	28.55	27.55	26.55	25.56
54	35.62	34.54	33.46	32.37	31.29	30.22	29.15	28.09	27.05	26.03
55	36.59	35.44	34.29	33.15	32.01	30.88	29.76	28.66	27.57	26.50
56	37.57	36.36	35.14	33.94	32.74	31.55	30.38	29.23	28.09	26.97
57	38.59	37.30	36.02	34.75	33.49	32.25	31.02	29.82	28.63	27.45
58	39.63	38.27	36.92	35.58	34.26	32.96	31.68	30.42	29.17	27.93
59	40.72	39.28	37.86	36.45	35.07	33.71	32.36	31.03	29.71	28.42
60	41.84	40.33	38.83	37.36	35.91	34.47	33.05	31.65	30.27	28.90
61	42.21	40.65	39.11	37.59	36.08	34.60	33.13	31.69	30.26	28.87
62	41.77	40.19	38.62	37.08	35.55	34.05	32.56	31.09	29.67	28.31
63	41.33	39.72	38.13	36.56	35.02	33.49	31.98	30.51	29.12	27.79
64	40.89	39.25	37.64	36.04	34.47	32.92	31.41	29.97	28.60	27.29
65	40.44	38.78	37.14	35.52	33.92	32.36	30.88	29.47	28.12	26.83

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Tobacco - Continued

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
66	58.11	56.23	54.35	52.49	50.63	48.80	46.99	45.21	43.45	41.71
67	58.05	56.12	54.19	52.27	50.38	48.51	46.67	44.86	43.06	41.29
68	57.99	56.00	54.02	52.07	50.14	48.23	46.36	44.51	42.68	40.87
69	57.93	55.89	53.86	51.87	49.90	47.96	46.04	44.15	42.28	40.43
70	57.88	55.78	53.71	51.68	49.67	47.68	45.72	43.78	41.87	39.98
71	57.82	55.68	53.57	51.49	49.43	47.39	45.39	43.41	41.45	39.55
72	57.77	55.58	53.42	51.28	49.17	47.09	45.04	43.00	41.03	39.16
73	57.72	55.48	53.26	51.07	48.90	46.77	44.66	42.61	40.67	38.81
74	57.66	55.36	53.08	50.83	48.61	46.42	44.29	42.27	40.34	38.49
75	57.60	55.23	52.89	50.58	48.30	46.08	43.98	41.97	40.05	38.21
76	57.53	55.09	52.69	50.31	48.00	45.81	43.72	41.72	39.80	37.92
77	57.45	54.95	52.47	50.06	47.77	45.59	43.51	41.51	39.54	37.63
78	57.38	54.79	52.28	49.89	47.61	45.43	43.34	41.29	39.30	37.43
79	57.29	54.66	52.16	49.78	47.51	45.32	43.18	41.09	39.14	37.28
80	57.24	54.63	52.14	49.75	47.46	45.22	43.03	40.99	39.05	37.15

### SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
66	40.00	38.30	36.63	34.98	33.37	31.85	30.40	29.01	27.67	26.36
67	39.54	37.82	36.11	34.46	32.88	31.38	29.95	28.57	27.22	25.90
68	39.08	37.32	35.61	33.98	32.43	30.95	29.52	28.13	26.77	25.50
69	38.61	36.84	35.16	33.55	32.02	30.54	29.10	27.69	26.38	25.13
70	38.15	36.41	34.75	33.16	31.63	30.13	28.68	27.31	26.02	24.76
71	37.74	36.02	34.37	32.79	31.24	29.73	28.32	26.97	25.66	24.24
72	37.37	35.66	34.02	32.41	30.85	29.38	27.99	26.63	25.15	23.47
73	37.03	35.33	33.66	32.03	30.51	29.07	27.65	26.11	24.37	22.50
74	36.72	34.98	33.30	31.71	30.21	28.74	27.14	25.33	23.39	21.34
75	36.40	34.64	33.00	31.43	29.90	28.24	26.36	24.34	22.21	20.00
76	36.09	34.37	32.74	31.15	29.42	27.46	25.35	23.13	20.83	18.39
77	35.84	34.15	32.49	30.68	28.63	26.44	24.12	21.73	19.18	16.26
78	35.66	33.92	32.04	29.90	27.61	25.19	22.69	20.03	16.98	13.04
79	35.47	33.50	31.26	28.87	26.34	23.72	20.95	17.76	13.63	7.95
80	35.08	32.74	30.23	27.59	24.84	21.93	18.60	14.28	8.33	0.00

### TABLE OF GUARANTEED MAXIMUM CHARGES AND FEES

Maximum Monthly Per Unit Expense Charge: \$0.15

Maximum Premium Expense Charge: 7.5%

Maximum Monthly Policy Fee: \$6.00

See paragraphs 6.01(c) and (d), 6.03(c) and (d), 6.10, and 6.11 to see how these charges and fees are defined and used to compute Policy values.

## **POLICY VALUES - Continued**

### **Partial Surrender.**

**6.14** On any Monthly Anniversary Date while the Insured is still alive You may make a partial surrender. The amount of the partial surrender cannot exceed the amount You would receive if You surrendered this Policy. Also, if the then Death Benefit Option is Option A, the amount of the partial surrender cannot exceed an amount which would reduce the Specified Amount below the Minimum Specified Amount.

**6.15** We will decrease Your Accumulation Value by the amount of the partial surrender. We will require a Written Request.

**6.16** A \$25.00 processing fee will be charged on each partial surrender. Also, a pro rata Surrender Charge will be deducted from the Accumulation Value at time of any partial surrender. Both the processing fee and the Surrender Charge will not apply once the Insured is older than Age 100.

### **Participation.**

**6.17** While this Policy is in force it will share in Our divisible surplus to the extent that We may provide. We do not expect any dividends to be

apportioned to this Policy. The share to be apportioned to this Policy, if any, will be determined annually by Us and credited as a dividend. Dividends, if any, will be payable at the end of each Policy year.

**6.18** You may elect that any dividends that become payable be paid in cash or applied under any other method mutually agreed to by You and Us. If no election is made, any dividends will be paid in cash.

### **Basis for Calculation.**

**6.19** We have filed in the state where this Policy is delivered a detailed statement showing how Policy benefits and reserves are calculated. All values are at least as great as the values required by that state.

**6.20** See Page 4 for information used in calculating the minimum Cash Surrender Values.

**6.21** We reserve the right to defer payment of any values payable under this Policy for six (6) months after We receive Your Written Request.

**6.22** If the Insured is alive on the Maturity Date, We will pay the Cash Surrender Value and this Policy will terminate. Reserves will be held equal to the Accumulation Value at Age 100, plus interest credited to the date of death.

## **LOAN PROVISIONS**

### **Policy Loans.**

**7.01** On the sole security of this Policy, You may borrow from Us at any time while this Policy is in force. The amount You can borrow is an amount that does not exceed the Accumulation Value minus any Surrender Charge plus any dividends as of the date You request the loan. We will deduct any Indebtedness that already exists under this Policy from the amount You can borrow. We will require a Written Request. We will have the right to defer a loan for up to six (6) months after application for a loan is made.

### **Loan Interest Rate.**

**7.02** Loans shall bear interest at the rate shown on Page 4. You must pay the interest in advance each year, except at the time the loan is made. At that time, the interest to the next Policy Anniversary will be deducted from the loan amount You receive. Interest not paid when due will be added to the loan and will bear interest.

## **LOAN PROVISIONS - Continued**

**7.03** If You do not repay any Indebtedness under this Policy, this Policy will terminate when the monthly deduction is greater than (a) minus (b) minus (c) where:

- a) Is the Accumulation Value;
- b) Is any Surrender Charge; and
- c) Is the Indebtedness.

**7.04** The effective date that this Policy will so terminate will be sixty-two (62) days after We mail a notice to the last known address of You and any assignee recorded in Our records.

## **SETTLEMENT PROVISIONS**

### **When Can Settlement Options Be Used?**

**8.01** We will pay all or part of the Proceeds of this Policy under any of the Settlement Options below. However, payment is subject to any assignment You made on the Proceeds. You may elect or change any one of these options at any time while the Insured is alive. But You must tell Us at Our Home Office of the choice or change in writing.

**8.02** At the time of the Insured's death, the Beneficiary can elect one of the Settlement Options if You have not done so.

### **A Settlement Agreement is Required.**

**8.03** When the Proceeds become payable, We may require that You send Us this Policy. We will prepare a settlement agreement and send it to the Payee. It will set forth the rights and the benefits of the Payee under this Policy.

### **Who May Receive Settlement Payments?**

**8.04** The person(s) who will benefit under an option will be the Payee(s). Normally a Payee must be a natural person taking in His own right. Exceptions must have Our consent to be named Payees.

### **Proof That Payee is Alive.**

**8.05** Before We make payment under any option, We may require proof that Payee is alive. If We require proof, then no payment is due until proof is received in Our Home Office.

## SETTLEMENT PROVISIONS - Continued

### When Are Installments Paid?

**8.06** We will make the first payment under Option 1, 2, 3, 5, or 6 just as soon as We have approved the claim for settlement. The rest of the installments will be paid according to the type of payment selected.

### What if Payee Dies?

**8.07** If the Payee (surviving Payee under Option 5 or 6) dies before He receives all guaranteed installments under Option 1, 2, 3, or 5, We will pay His estate in cash the commuted value of the unpaid installments. Any other type of payment must be approved by Us. In computing the value, We will use an interest rate of 2.0% compounded each year.

### Is There Protection Against Creditors?

**8.08** The Proceeds of payments due or to become due under an option may not be assigned. Unless provided in the election, the Proceeds may not be encumbered, alienated, anticipated, or commuted. They may not be withdrawn, except as provided in Option 4. To the extent allowed by law, the Proceeds not yet paid under an option will not be subject to the Payee's debts, Policy's or engagements. They will not be subject to any court process to levy upon or attach the Proceeds for their payments.

### Excess Interest or Income Dividend.

**8.09** Any amount held by Us under Option 3 or 4 shall earn interest at a rate set by Us (2.0% or more per year). Any guaranteed installment payments under Options 1, 2, 5, and 6 shall be increased by any Income Dividend that We declare.

### What Options May Be Elected?

#### Option 1. Guaranteed Installments for a Fixed Period.

**8.10** For each \$1,000 due, We will pay the Proceeds in equal monthly installments over a period of from 5 to 30 years. The installments will be as shown in the following table. The guaranteed interest rate is 2.0%.

**Option 1. Table**

Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
5	\$17.49	20	\$5.04
6	14.72	21	4.85
7	12.74	22	4.67
8	11.25	23	4.51
9	10.10	24	4.36
10	9.18	25	4.22
11	8.42	26	4.10
12	7.80	27	3.98
13	7.26	28	3.87
14	6.81	29	3.77
15	6.42	30	3.68
16	6.07		
17	5.77		
18	5.50		
19	5.26		

#### Option 2. Life Income.

**8.11** We will pay the Proceeds in equal monthly installments in any one of two ways:

- (1) We will pay during the life of the Payee (Life Annuity) if He is not less than Attained Age 50 when the payments begin.
- (2) We will pay over a period of 10 or 20 years certain. Then We will pay during the rest of the life of the Payee.

The amount of each installment depends on the Attained Age and sex of the Payee when the first installment is due. We will compute the installment for each \$1,000 due from the following table. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

**Option 2. Table**

MONTHLY INSTALLMENTS PAYABLE					
Life Annuity		10 Years Certain and Life		20 Years Certain and Life	
Male	Female	Male	Female	Male	Female
(Not available under age 50)				Age of Payee	
				Under	
				15	
				16	
				17	
				18	
				19	
				20	
		\$2.27	\$2.20		\$2.26
		2.28	2.21	15	2.28
		2.30	2.23	16	2.29
		2.32	2.24	17	2.31
		2.33	2.26	18	2.33
		2.35	2.27	19	2.35
		2.37	2.29	20	2.37



## SETTLEMENT PROVISIONS - Continued

### Option 2. Table - Continued

MONTHLY INSTALLMENTS PAYABLE						
Life Annuity		10 Years Certain and Life		Age of Payee	20 Years Certain and Life	
Male	Female	Male	Female		Male	Female
		\$2.39	\$2.31	21	\$2.39	\$2.31
		2.41	2.33	22	2.41	2.32
		2.43	2.35	23	2.43	2.34
		2.45	2.36	24	2.45	2.36
		2.48	2.38	25	2.47	2.38
		2.50	2.40	26	2.49	2.40
		2.52	2.43	27	2.52	2.42
		2.55	2.45	28	2.54	2.44
		2.58	2.47	29	2.57	2.47
		2.60	2.50	30	2.60	2.49
		2.63	2.52	31	2.62	2.52
		2.66	2.55	32	2.65	2.54
		2.69	2.57	33	2.68	2.57
		2.73	2.60	34	2.71	2.59
		2.76	2.63	35	2.75	2.63
		2.80	2.66	36	2.78	2.65
		2.83	2.69	37	2.81	2.68
		2.87	2.72	38	2.85	2.71
		2.91	2.76	39	2.89	2.75
		2.95	2.80	40	2.93	2.78
		3.00	2.83	41	2.97	2.82
		3.04	2.87	42	3.01	2.85
		3.09	2.91	43	3.05	2.89
		3.14	2.96	44	3.10	2.93
		3.19	3.00	45	3.15	2.98
		3.25	3.05	46	3.19	3.02
		3.30	3.09	47	3.24	3.06
		3.36	3.15	48	3.30	3.11
		3.42	3.20	49	3.35	3.16
		3.49	3.26	50	3.40	3.21
\$3.51	\$3.27					
3.58	3.33	3.56	3.31	51	3.46	3.26
3.66	3.39	3.63	3.38	52	3.52	3.32
3.74	3.46	3.70	3.44	53	3.58	3.37
3.82	3.53	3.78	3.51	54	3.64	3.43
3.90	3.60	3.86	3.58	55	3.70	3.49
3.99	3.68	3.95	3.65	56	3.77	3.56
4.09	3.76	4.04	3.73	57	3.84	3.62
4.19	3.85	4.13	3.82	58	3.90	3.69
4.30	3.94	4.23	3.90	59	3.97	3.76
4.42	4.04	4.34	4.00	60	4.04	3.83
4.54	4.14	4.45	4.09	61	4.11	3.90
4.67	4.25	4.56	4.20	62	4.18	3.98
4.81	4.37	4.69	4.31	63	4.25	4.05
4.96	4.50	4.81	4.42	64	4.31	4.13
5.12	4.63	4.95	4.54	65	4.38	4.20
5.29	4.77	5.09	4.67	66	4.45	4.28
5.48	4.93	5.23	4.80	67	4.51	4.35
5.67	5.09	5.39	4.95	68	4.57	4.42
5.88	5.27	5.54	5.10	69	4.62	4.49
6.10	5.46	5.70	5.25	70	4.68	4.56
6.33	5.66	5.87	5.42	71	4.73	4.62
6.58	5.88	6.04	5.59	72	4.77	4.68
6.85	6.12	6.22	5.78	73	4.81	4.74
7.13	6.38	6.39	5.96	74	4.85	4.79
7.44	6.66	6.57	6.16	75	4.88	4.83
7.76	6.96	6.75	6.36	76	4.91	4.87
8.11	7.29	6.93	6.56	77	4.94	4.90
8.48	7.64	7.11	6.76	78	4.96	4.93
8.88	8.03	7.29	6.97	79	4.98	4.95
9.31	8.44	7.46	7.17	80	4.99	4.97

### Option 3. Installments of a Set Amount.

**8.12** We will pay the Proceeds in equal or varied installments if You and We agree on the plan of payment. We will pay the installments until the Proceeds, with interest thereon, are consumed. We will compute the interest at the rate of 2.0% compounded each year.

### Option 4. Proceeds Left at Interest with Right to Withdraw Deposit.

**8.13** The Proceeds may be left on deposit with Us to earn interest, but the Payee may make withdrawals unless prohibited in the election. Any sum withdrawn must be at least \$50. The Payee may leave the interest that the deposit earns to accumulate, or He may withdraw it. The interest that each \$1,000 earns for each withdrawal period is shown in the table below. The first interest payment will be made at the end of the period elected. We will measure the period from the date We approve the claim.

Frequency of Payment	Annual	Semi-Annual	Quarterly	Monthly
Amount Payable	\$20.00	\$9.93	\$4.95	\$1.65

**8.14** When the Payee dies, any unpaid Proceeds under this option will be paid equally to the surviving members of the successive class of beneficiaries. If there are none, and You have not given Us other instructions, We will pay the rest of the Proceeds to the estate of the Payee.

**8.15** Unless the right has been denied in the election, any Proceeds held under Option 4 may be applied under any other Settlement Option

### Option 5. Joint and Last Survivor Life Income.

**8.16** The Proceeds may be paid in equal monthly installments jointly to two Payees. We will pay for a period of ten (10) years certain, and then will continue to pay the same amounts while both are alive. After the death of one Payee, We will continue to pay the survivor until He dies. If either of the Payees fails to survive the date when the payments are due to start, this option then becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.

## SETTLEMENT PROVISIONS - Continued

**8.17** The following table shows guaranteed monthly payments under this option. The table assumes equal Age of both Payees. Values for other Age combinations may be obtained from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

### Option 5. Table

JOINT AND LAST SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
30	\$2.40	\$2.33	\$2.36
35	2.51	2.44	2.47
40	2.66	2.56	2.60
45	2.83	2.72	2.77
50	3.05	2.91	2.97
51	3.10	2.96	3.02
52	3.16	3.00	3.07
53	3.21	3.05	3.12
54	3.27	3.10	3.18
55	3.33	3.16	3.23
56	3.40	3.22	3.29
57	3.47	3.28	3.36
58	3.54	3.34	3.42
59	3.61	3.41	3.49
60	3.69	3.48	3.57
61	3.78	3.55	3.65
62	3.87	3.63	3.73
63	3.97	3.71	3.82
64	4.07	3.80	3.92
65	4.17	3.90	4.02
66	4.29	4.00	4.12
67	4.41	4.10	4.23
68	4.53	4.22	4.35
69	4.66	4.34	4.48
70	4.81	4.47	4.62
71	4.95	4.61	4.76
72	5.11	4.75	4.91
73	5.27	4.91	5.07
74	5.44	5.08	5.24
75	5.62	5.25	5.41
76	5.80	5.44	5.60
77	5.99	5.63	5.80
78	6.18	5.84	6.00
79	6.38	6.05	6.20
80	6.59	6.27	6.42
81	6.79	6.49	6.63
82	6.99	6.72	6.85
83	7.20	6.95	7.07
84	7.39	7.17	7.28
85	7.59	7.39	7.49
86	7.77	7.60	7.68
87	7.95	7.80	7.87
88	8.11	7.98	8.05
89	8.27	8.16	8.21
90	8.41	8.31	8.36
91	8.54	8.46	8.50
92	8.66	8.58	8.62
93	8.77	8.70	8.73
94	8.86	8.80	8.83
95	8.94	8.89	8.92
96	9.00	8.97	8.99
97	9.06	9.03	9.05
98	9.10	9.08	9.09
99	9.13	9.12	9.13
100	9.15	9.15	9.15

### Option 6. Joint Life Income with Two-Thirds to Survivor.

**8.18** The Proceeds may be paid jointly to two Payees in equal installments while both are alive. After one dies, We will reduce one amount of income payment to two-thirds of the initial installment amount. Then We will send the survivor that amount for the rest of His life. If either of the Payees fails to survive the date when payments are due to start, this option becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.

**8.19** The following table shows guaranteed initial monthly payments per \$1,000 of Proceeds for two male or two female Payees, or for one of each sex. The table assumes Payees of the same Age. You may obtain values for other Age combinations from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

### Option 6. Table

JOINT AND TWO-THIRDS SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
30	\$2.53	\$2.44	\$2.48
35	2.68	2.56	2.62
40	2.85	2.72	2.78
45	3.07	2.90	2.98
50	3.35	3.14	3.24
51	3.40	3.19	3.29
52	3.47	3.25	3.35
53	3.54	3.31	3.42
54	3.62	3.37	3.49
55	3.69	3.44	3.56
56	3.77	3.51	3.63
57	3.86	3.58	3.71
58	3.95	3.66	3.80
59	4.05	3.74	3.88
60	4.15	3.83	3.98
61	4.26	3.92	4.08
62	4.37	4.02	4.18
63	4.49	4.13	4.30
64	4.63	4.24	4.42
65	4.77	4.36	4.55
66	4.92	4.48	4.68
67	5.07	4.62	4.83
68	5.24	4.76	4.98
69	5.42	4.92	5.15
70	5.61	5.09	5.33
71	5.82	5.27	5.52
72	6.03	5.46	5.72
73	6.26	5.67	5.94
74	6.51	5.90	6.18
75	6.77	6.14	6.43

### Option 7. Settlement as Agreed.

**8.20** We will pay the amount due in any manner that You or the Payee and We can agree upon.

**POLICY  
DESCRIPTION**

Flexible Premium Adjustable Life Insurance Policy.  
Adjustable Death Benefit.  
Cash Surrender Value, Payable at Maturity.  
Flexible Premium Payable during Lifetime of Insured Until Maturity Date.  
Death Benefit Payable at Death of Insured Prior to Maturity.  
Participating.

This Policy is a legal contract. Read Your Policy carefully.

Policyholders' meeting held at Home Office annually on second Wednesday of April beginning at 9:00 A.M.

**FOR INFORMATION,  
OR TO MAKE A COMPLAINT,  
CALL: 1-800-929-4765 or 1-210-357-2222**

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY  
2211 N.E. Loop 410  
GPM BUILDING P.O. Box 659567  
San Antonio, Texas 78265-9567**

<i>SERFF Tracking Number:</i>	<i>GPML-125744044</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Government Personnel Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40129</i>
<i>Company Tracking Number:</i>	<i>59C UL2008</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>2001 CSO - Individual Life/UL</i>		
<i>Project Name/Number:</i>	<i>2001 CSO - Individual Life/59C UL2008/59C UL2008</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GPML-125744044 State: Arkansas  
Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 40129  
Company Tracking Number: 59C UL2008  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: 2001 CSO - Individual Life/UL  
Project Name/Number: 2001 CSO - Individual Life/59C UL2008/59C UL2008

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 07/23/2008

#### Comments:

#### Attachments:

Regulation 19.pdf  
Regulation 49.pdf  
Readability Certification.pdf  
Bulletin 11-83.pdf

### Review Status:

**Satisfied -Name:** Application 07/23/2008

#### Comments:

LA 97A application previously approved by your jurisdiction on 12-17-1997.

#### Attachment:

AR John Doe App - LA97A.pdf

### Review Status:

**Satisfied -Name:** Sample Illustration 07/23/2008

#### Comments:

#### Attachment:

03- Sample Illustration John Doe.pdf

### Review Status:

**Satisfied -Name:** Sample Annual Statement 07/23/2008

#### Comments:

#### Attachment:

05- Sample Annual Statement.pdf

### Review Status:

**Satisfied -Name:** Statement of Variability 07/23/2008



SERFF Tracking Number: GPML-125744044 State: Arkansas  
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 40129  
Company  
Company Tracking Number: 59C UL2008  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: 2001 CSO - Individual Life/UL  
Project Name/Number: 2001 CSO - Individual Life/59C UL2008/59C UL2008

**Review Status:**

**Satisfied -Name:** Marketing Disclosure 07/23/2008  
**Comments:**  
**Attachment:**  
07- Marketing Disclosure-59C.pdf

**Review Status:**

**Satisfied -Name:** AR Notice 07/29/2008  
**Comments:**  
**Attachment:**  
AR Notice.pdf

**Review Status:**

**Satisfied -Name:** Certification for Reg 34 10/24/2008  
**Comments:**  
**Attachment:**  
AR - Reg 34.pdf

ARKANSAS

SUBJECT -

Individual Life

  X  

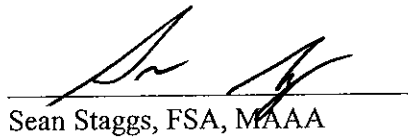
Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

**59C UL2008**

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.

A handwritten signature in black ink, appearing to read 'Sean Staggs', is written over a horizontal line.

Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary



ARKANSAS

SUBJECT -

Individual Life

  X  

Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

**59C UL2008**

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that the company is in compliance with Regulation 49 in that we will issue a Life and Health notice to each policy owner.

  
\_\_\_\_\_  
Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

02AR

ARKANSAS

SUBJECT - Individual Life   X   Individual Annuity           

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

FLESCH SCORE

**59C UL2008**

**50** Excluding Pages 1 through 4 of the Policy

This is to certify that the above referenced form has achieved a Flesch Reading Ease Score, as indicated, and complies with the requirements of Arkansas Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

ARKANSAS

SUBJECT -

Individual Life

  X  

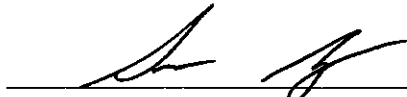
Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

**59C UL2008**

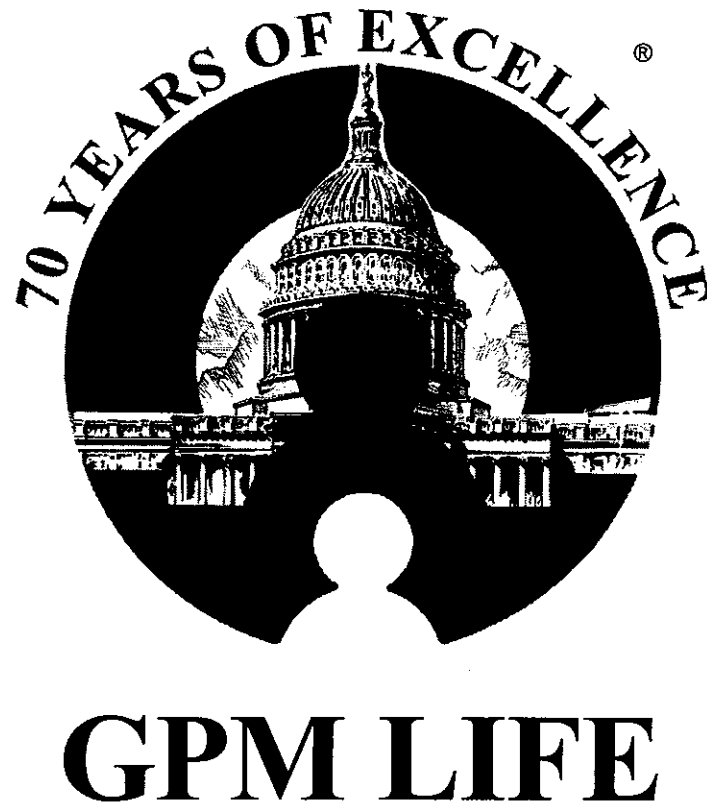
On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that I have reviewed Bulletin 11-83 and the form complies with these guidelines.

A handwritten signature in black ink, appearing to read 'Sean Staggs', is written over a horizontal line.

Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

# Application for Life Insurance



**Government Personnel Mutual Life Insurance Company**  
2211 N.E. Loop 410, San Antonio, TX 78217  
P.O. Box 659567, San Antonio, Texas 78265  
[www.gpmlife.com](http://www.gpmlife.com)

**PART ONE OF APPLICATION FOR LIFE INSURANCE WITH  
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY (GPM)**

2211 NE Loop 410, San Antonio, TX 78217 P.O. Box 659567, San Antonio, Texas 78265-9567  
(210) 357-2222 1-800-938-4765 www.gpmlife.com  
Fax numbers: Local (210) 357-2235 Toll Free 1-888-701-3869

3/20/08 1:20 pm

Application Number

**A. Primary Proposed Insured (PPI)**

1. Name (First, Middle Initial, Last) <b>John Doe</b>		2. SS/Tax ID No. <b>111-11-1111</b>	3. Birthplace (State/Country) <b>AR/US</b>	
4. Residence Address (Including City, County, State & Zip) <b>123 Main Anytown, AR 711130</b>		5. Business Address (Including City, County, State & Zip) <b>456 Main Anytown, AR 711130</b>		
6. Residence Phone Number: <b>(210) 456-7890</b>		7. Business Phone Number: <b>(210) 456-7891</b>		
8. Driver's License No./State <b>1234-AR</b>	9. Occupation and Nature of Duties <b>Manager</b>		10. Annual Income <b>50,000</b>	11. Employer/Military Branch <b>ABC Co</b>
13. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		14. If Military: Years In ETS Date <b>   </b>		15. <input type="checkbox"/> Military <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Federal Civil Service

**B.-All Proposed Insureds (List PPI first, then spouse, if applicable)**

First Name	Middle	Last	SS/Tax ID No.	Relation to PPI	Sex M/F	Date of Birth Mo/Day/Yr	Birthplace State/Country	Height Ft. in.	Weight Lbs.
1	John	Doe	111-11-1111	PPI	M	1/1/73	AR/US	6'1"	210
2									
3									
4									
5									
6									

**C.-Plan of Insurance**

Amount \$	Plan	Age of PPI (Nearest Birthday) <b>35</b>	Requested Policy Date <b>1/1/08</b>	Mode: <input type="checkbox"/> Annual <input type="checkbox"/> SemiAnnual <input type="checkbox"/> Military Allotment <input type="checkbox"/> Civil Service Allotment <input type="checkbox"/> Electronic Funds Transfer <input checked="" type="checkbox"/> Other	Automatic Premium Loan Provision <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------	------	---	-------------------------------------	---	--

Complete for Universal Life Plans:		Option <input checked="" type="checkbox"/> A <input type="checkbox"/> B	Planned Premium \$	Accidental Death Rider \$	Additional Insurance Rider \$
<input type="checkbox"/> Waiver of Cost Insurance		<input type="checkbox"/> Guaranteed Benefit Increase \$		<input type="checkbox"/> Children's Benefit Rider \$	
<input type="checkbox"/> Other Insured Rider \$ on		<input type="checkbox"/> Other Insured Rider \$ on		<input type="checkbox"/> Other Insured Rider \$ on	
<input type="checkbox"/> Other Insured Rider \$ on		<input type="checkbox"/> Other Insured Rider \$ on		<input type="checkbox"/> Other Insured Rider \$ on	
Other					

Complete for all other plans		Modal Premium: \$		Dividend Option: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Reduce Premiums <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Accumulations <input type="checkbox"/> Special Modal Dividend Option (10 YT)	
Benefits/Riders:	<input type="checkbox"/> Waiver of Premium	<input type="checkbox"/> Accidental Death Benefit \$	<input type="checkbox"/> Guaranteed Insurability Option \$	<input type="checkbox"/> Guaranteed Purchase Option \$	<input type="checkbox"/> Payor Benefit-Death
<input type="checkbox"/> Payor Benefit Death or Disability	<input type="checkbox"/> Spouse Insurance Rider \$	<input type="checkbox"/> Family Insurance Rider \$	<input type="checkbox"/> Childrens Insurance Rider \$	<input type="checkbox"/> Spouse Purchase Option \$	
<input type="checkbox"/> Annual Renewable Term Rider \$		<input type="checkbox"/> Additional Term Rider \$		Other	
<input type="checkbox"/> Paid Up Additions Rider Initial Scheduled Premium \$		<input type="checkbox"/> Unscheduled Premium \$		<input type="checkbox"/> SemiAnnual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
1035 Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No					

**D.-Life Insurance in Force on All Proposed Insureds:**☒ **None**  
Company☐ **Listed Below**

Insured	Issue Year	Company	Face Amount	ADB

**E.-Beneficiary Designation**

Full Name and Address of Primary Beneficiary(ies)	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Jane Doe	111-11-1112	1/1/74	Wife

Full Name and Address of Contingent Beneficiary(ies)	Social Security/Tax ID No.	Date of Birth	Relationship to PPI

**F.-Owner, if other than Primary Proposed Insured**

Full Name	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Address, if other than Primary Proposed Insured's			Branch & Paygrade

**Contingent Owner**

Full Name	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Address, if other than Primary Proposed Insured's			Branch & Paygrade

**G.-Payor, if other than Primary Proposed Insured**

Full Name	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Address, if other than Primary Proposed Insured's			Branch & Paygrade

**SPECIAL REQUESTS OR INSTRUCTIONS**


**CORRECTIONS AND ADDITIONS (FOR HOME OFFICE USE ONLY)**


**H.-General Information**

<i>The following questions pertain to all Proposed Insureds, including children.</i>	<b>Yes</b>	<b>No</b>	<i>Explain fully all "Yes" answers. Indicate question number and the name of the Proposed Insured the answer applies to.</i>
1. Is the insurance applied for intended to replace any existing insurance or annuity contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Are there any application(s) for any life or health insurance now pending or contemplated in any company?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Has any Proposed Insured ever had an application for life insurance declined, postponed, rated or modified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Is any Proposed Insured NOT a United States citizen? If "Yes", provide immigration card number _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Has any Proposed Insured ever received or claimed disability or a pension for any injury, sickness or impaired condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. In the past 5 years, has any Proposed Insured made any flight other than as a passenger or does she / he plan to make such flights in the next five years? (If "Yes", complete Aviation Questionnaire)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. In the past 5 years, has any Proposed Insured engaged in: ballooning, cave exploration, parachuting, hang gliding, vehicle racing, scuba diving below 60 feet, mountain climbing or similar sport or avocation? (If "Yes", circle activity and complete appropriate questionnaire)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Does any Proposed Insured have any intention of traveling or living outside the USA or Canada in the next 2 years, except for vacation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. In the past 5 years has any Proposed Insured been convicted of 2 or more moving violations, or driving under the influence of drugs or alcohol, or had a driver's license suspended or revoked? (If "Yes", give details.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. In the past 10 years has any Proposed Insured used marijuana, cocaine, heroin, barbiturates, hallucinogens, or amphetamines, unless on the advice of a physician, or been convicted for the use or possession of alcohol; or received advice, counseling or treatment as the result of the use of alcohol or drugs; or used or been convicted for the use or possession of any narcotic, stimulant, sedative, or hallucinogenic drug?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. In the past 10 years has any Proposed Insured been convicted of a felony?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. (For military only) Does any Proposed Insured serve in Special Forces, Rangers, Airborne, or Navy SEALs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

## I.- Physical Data, Health and Medical History

The following questions pertain to all Proposed Insureds, including children, (Circle ALL applicable items)		Yes	No	Explain fully all "Yes" answers. Include name of Proposed Insured and question number the answer applies to, specific diagnosis, treatments, results, dates of onset & recovery, and names & addresses of all doctors & hospitals.
1.	(a) Does any Proposed Insured currently use tobacco in any form? (If "yes", describe tobacco use below.) Who? _____ <input type="checkbox"/> Cigarettes ___ packs per day <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Chewing or other "smokeless" tobacco	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(b) Is any Proposed Insured a former user of tobacco? (If "yes", describe tobacco use below.) Who? _____ Month/Year quit _____ Describe past use of tobacco _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	Has any Proposed Insured ever been diagnosed with or treated for:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(a) high blood pressure, chest pain or pressure, angina, heart attack, abnormal heartbeat, murmur, stroke, or any other circulatory system disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(b) cancer, Hodgkin's disease, leukemia, or any tumor or polyp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(c) epilepsy, convulsions, seizures, severe headaches, paralysis, nervous breakdown, psychosis, or any mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	In the past 10 years, has any Proposed Insured had or been treated for:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(a) diabetes, anemia, polycythemia, hemophilia; disorder or enlargement of any gland, including lymph glands?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(b) persistent fever, cough, diarrhea, weakness or infection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(c) asthma, bronchitis, emphysema, tuberculosis, pneumonia, or any infection or other disorder of the respiratory system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(d) ulcer, gastritis, colitis, hepatitis, cirrhosis, pancreatitis, or any other disorder of liver, gallbladder, or intestines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(e) any disorder of the kidneys, bladder, prostate, reproductive organs or breasts; or any sexually transmitted disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(f) any disorder of the back, spine, bones, joints or muscles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	In the past 10 years has any Proposed Insured:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(a) been diagnosed by a member of the medical profession as having, or been treated for, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or HIV disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(b) tested positive for antibodies to the HIV virus?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	In addition to any doctors or hospitals listed above, in the last 5 years, has any Proposed Insured:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(a) been treated, examined or observed in a hospital, clinic, or other medical facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(b) consulted with any other doctors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	(c) been treated for, diagnosed as having, or had an operation for any other cause(s) not listed above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.	Within the past year, has the weight of any Proposed Insured changed 10 pounds or more? (For children under 16, report only loss)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7.	Have two or more of Proposed Insured's immediate family (parents, siblings) had heart disease, stroke or diabetes prior to their age 60?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8.				
PPI'S Family History	Living: age	Deceased: age at death	Cause of death	
Father	85			
Mother	86			
Brothers				
Sisters				



Received with app: \$ \_\_\_\_\_ cash ☐ Civil Service 1199A and Bank Allotment Authorization  
☐ Military Allotment Request Copy or Certification ☐ None of the above received. The application is to be considered on a C.O.D. basis.

**AGREEMENT:** I have read this application, and represent that all of the information given in it is true, complete and correctly written to the best of my knowledge and belief. It is agreed that:

- A. The application consists of Part One, Part Two (if required), and any amendments or supplements to either of said parts. It will be relied on by GPM as the basis of any policy which may be issued.
- B. No agent, broker, or medical examiner can accept risks, make or change contracts, or waive any of GPM's rights, conditions, or requirements. Only an authorized officer of GPM can do these things.
- C. Except as may be provided by the Conditional Receipt, there will be no insurance unless and until a policy is delivered and the first modal premium paid in full while the insurability of the Proposed Insured(s) is still as described in the application; there must have been no material change in health or other risk factors. I will notify GPM if any such change takes place after I sign the application and before such delivery and payment.
- D. If the Conditional Receipt is delivered to the Applicant, insurance will start before a policy is delivered only if all the conditions set forth in such receipt are met. If I have received such receipt, its provisions have been explained to me and I fully understand them.
- E. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for Home Office "Corrections and Additions". But where the law so requires, written consent must be obtained for any change in the application.

**BACKUP WITHHOLDING CERTIFICATION** (required to comply with Federal tax law): Under penalties of perjury, I (the proposed owner) certify that (A) my Social Security (Taxpayer Identification) number as shown in the application is correct, and (B) I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (NOTE: You must cross out item B above if you have been notified by the IRS that you are currently subject to backup withholding.)

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION:** I authorize any medical practitioner, hospital, clinic, mental health facility, facility for the treatment of alcohol, drug abuse, or AIDS, Veteran's Administration hospital, other medically related facility, employer, insurer or its agent, reinsurer, the Medical Information Bureau, Inc. (MIB), government or law enforcement unit, consumer reporting agency, or other insurance support organization having information as to the mental or physical health, occupation, avocation, other insurance, character, habits, driving record, finances, or age of me or my minor children, to give such information to GPM or its reinsurer(s) at any time, including after my death. I further authorize all said sources, except Medical Information Bureau, Inc., to give such information to any agent or insurance support organization acting for GPM or its reinsurer(s).

Any information obtained will be used to determine eligibility for insurance coverage and benefits, and may be released by GPM to its reinsurer(s), the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required.

I agree that a photocopy of this form will be as valid as the original. I also agree that this form will be valid for (1) 30 months from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, or (2) the duration of a claim for benefits. I know that I, or a person authorized to act for me, may obtain a copy of this form. I acknowledge receipt of notices entitled "Information Practices", "Investigative Consumer Reports", and "Medical Information Bureau, Inc." from GPM.

**WARNING: Any person who knowingly presents a false or fraudulent claim for payment as a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

John Doe  
 Signature of Primary Proposed Insured  
 (if minor, parent or legal guardian)

1-1-08  
 \*\*\* Date Signed \*\*\*

John Doe  
 Signature of Agent

\_\_\_\_\_  
 Signature of Spouse, if a Proposed Insured

\_\_\_\_\_  
 Signature of Other Proposed Insured  
 (if age 15 or over)

John Doe 123A  
 Agent's Printed Name / GPM Agent No.

\_\_\_\_\_  
 Signature of Proposed Owner  
 (if not Primary Proposed Insured)

\_\_\_\_\_  
 Signature of Other Proposed Insured  
 (if age 15 or over)

123A/AR  
 Agent's License No. / State

\_\_\_\_\_  
 Signature of Other Proposed Insured  
 (if age 15 or over)

\_\_\_\_\_  
 Signature of Other Proposed Insured  
 (if age 15 or over)

Anytown AR 71130  
 Signed at (City, State, Zip)

# CONDITIONAL RECEIPT

3/20/08 1:20 pm

Unless every condition in paragraph 2 is met exactly, no insurance will take effect prior to policy delivery. No agent, broker, or medical examiner is authorized to change or waive any of such conditions. If, within the past 12 months, any Proposed insured has had or been treated for any known heart trouble, stroke, AIDS or cancer, payment cannot be accepted with the application.

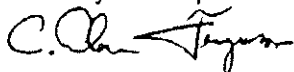
All checks must be made payable to GPM. Do not make check payable to the agent or leave the payee blank.

Received from John Doe \$ \_\_\_\_\_ cash or, in lieu of cash,

☐ Military Allotment Request Copy or Certification, or ☐ Civil Service 1199A & Bank Allotment Authorization

given with application for life insurance to Government Personnel Mutual Life Insurance Company (GPM), which application bears the same date as this receipt. This receipt is void if the item given for it fails to result in payment.

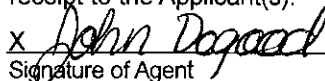
1. If all the conditions in Paragraph 2 are met exactly, then insurance subject to the terms of the policy applied for, but not to exceed the limit in Paragraph 3, will start at the "Conditional Effective Time", defined as the later of: (a) when Part One of the application has been completed; or (b) when all medical exams and tests required by GPM's rules have been completed, and all required blood, urine, and/or oral fluid specimen(s) have been furnished.
2. Insurance will not start at the Conditional Effective Time unless all these conditions are met:
  - (a) At the Conditional Effective Time, all of the Proposed Insureds must be risks acceptable to GPM under its rules, limits, and standards of insurability for the amount and plan applied for, without change, and at the standard rate of premium.
  - (b) The sum of money, if any, given for this receipt must be at least as much as the full first premium for the plan, amount of insurance and the mode of payment stated in the application.
  - (c) All medical exams and tests required by GPM's rules must be completed, and all required specimens of blood, urine, and/or oral fluid specimen(s) furnished, within 60 days from the date of Part One of the application.
  - (d) At the Conditional Effective Time, the state of health and all factors affecting the insurability of the Proposed Insured(s) must be as stated in the application.
  - (e) If a Military Allotment Request Copy or Certification or a Civil Service form 1199A and Bank Allotment Authority has been received by GPM in lieu of cash, the allotment 1) must not have been canceled or discontinued for any reason before GPM receives the full first monthly premium corresponding to the mode of payment stated in the application, and 2) must result in payment to GPM of such full first monthly premium by the earlier of the policy Effective Date or 14 weeks after the Conditional Effective Time.
3. The total amount of life insurance, including accidental death benefits, which may become effective on any Proposed Insured prior to the effective date of a delivered policy for which the full first premium has been received by reason of this and any other receipts will not exceed \$150,000.
4. If one or more of the conditions in Paragraph 2 is not met exactly, or if death of a Proposed Insured results from suicide, there will be no liability on the part of GPM except to return any money received.



C. Alan Ferguson, Secretary

I certify that I have explained all of the terms of this receipt to the Applicant(s).

Date: 1-1-08

X   
Signature of Agent

The following is a copy of the Agreement signed in connection with the application.

## AGREEMENT

**AGREEMENT:** I have read this application, and represent that all of the information given in it is true, complete, and correctly written to the best of my knowledge and belief. It is agreed that:

- A. The application consists of Part One, Part Two (if required), and any amendments or supplements to either of said parts. It will be relied on by GPM as the basis of any policy which may be issued.
- B. No agent, broker, or medical examiner can accept risks, make or change contracts, or waive any of GPM's rights, conditions, or requirements. Only an authorized officer of GPM can do these things.
- C. Except as may be provided by the Conditional Receipt, there will be no insurance unless and until a policy is delivered and the first modal premium paid in full while the insurability of the Proposed Insured(s) is still as described in the application; there must have been no material change in health or other risk factors. I will notify GPM if any such change takes place after I sign the application and before such delivery and payment.
- D. If the Conditional Receipt is delivered to the Applicant, insurance will start before a policy is delivered only if all the conditions set forth in such receipt are met. If I have received such receipt, its provisions have been explained to me and I fully understand them.
- E. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for Home Office "Corrections and Additions". But where the law so requires, written consent must be obtained for any change in the application.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY (GPM) • San Antonio, Texas 78265-9567

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY**  
**AGENT'S REPORT AND CERTIFICATE**

- |  | Yes  | No  |
|--|--|---|
| 1. Is the Applicant or any Proposed Insured a current or past GPM policyowner or Insured?  | <input type="checkbox"/>                             | <input checked="" type="checkbox"/>                             |
| 2. As far as you know, will the insurance applied for replace any existing insurance or annuity?<br>If "Yes", did you write the replaced policy?<br>Reason(s) for replacement:                                       | <input type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/> |
| <hr/>  |  |   |
| <hr/>  |  |   |
| <hr/>  |  |   |
| 3. Are there any Proposed Insureds whom you did not see when you took this application?  | <input type="checkbox"/>                             | <input checked="" type="checkbox"/>                             |
| 4. Are there any Proposed Insureds who do not reside with the Primary Proposed Insured?  | <input type="checkbox"/>                             | <input checked="" type="checkbox"/>                             |
| 5. Have you submitted or do you plan to submit this case to any other company?   | <input type="checkbox"/>                             | <input checked="" type="checkbox"/>                             |
| 6. Has any Proposed Insured used a different last name in the past 5 years?<br>(Provide full details of all "Yes" answers)   | <input type="checkbox"/>                             | <input checked="" type="checkbox"/>                             |
| <hr/>  |  |   |
| <hr/>  |  |   |
| <hr/>  |  |   |
| 7. To clarify any question or obtain a telephone interview, the following is needed <b>(Please remind the Primary Proposed Insured about the possibility of a call)</b> :  |  |   |
| Home Telephone: <u>123 456-7890</u> Best time to call <u>7pm</u>   |  |   |
| Business Telephone: <u>123 456-7891</u> Best time to call <u>10am</u>  |  |   |
| 8. Indicate below how well you know the Primary Proposed Insured (Applicant, if Primary Proposed Insured is under age 18).   |  |   |
| <input type="checkbox"/> Slightly for ____ years <input type="checkbox"/> Well for ____ years <input checked="" type="checkbox"/> Just met <input type="checkbox"/> Related by blood or marriage; he/she is my _____ |  |   |
| 9. Is medical exam or blood profile required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   |
| Date Scheduled _____ Paramed/Examiner _____  |  |   |
| 10. If Primary Proposed Insured is below 18, how much life insurance is in force and applied for on:   |  |   |
| Mother _____ Father _____ Siblings _____   |  |   |
| 11. Request for <input type="checkbox"/> Additional <input type="checkbox"/> Alternate    policy.....  |  |   |
| Plan _____ Amount _____ Benefits _____   |  |   |
| Beneficiary _____ Other Differences _____  |  |   |
| 12. Source of Prospect   |  |   |
| <input type="checkbox"/> Existing Client <input type="checkbox"/> Relative of Client <input type="checkbox"/> Referred Lead <input type="checkbox"/> Personal Acquaintance for ____ years.                           |  |   |
| <input type="checkbox"/> Cold Canvas <input type="checkbox"/> Direct Mail <input checked="" type="checkbox"/> Prospect approached me without being solicited   |  |   |

**AGENT'S REPORT AND CERTIFICATE**

3/20/08 1:20 pm

13. Use of Insurance (check one)

☒ Personal (If checked, complete question 14)    ☐ Business Related (If checked, complete question 15)

14.a Purpose of Personal Insurance with expectation of how proceeds will be utilized (check one most applicable)

☐ Create an Immediate Estate for Heirs    ☒ Surviving Income Protection  
☐ Retirement Income Supplement    ☐ Provide Estate Liquidity  
☐ Mortgage Protection/Acceleration    ☐ Secure Other Personal Debt  
☐ Supplement and Protect Personal Savings    ☐ Other \_\_\_\_\_

14.b How was amount of Personal Insurance determined? (check one most applicable).

☐ Needs Analysis with Assistance from Agent    ☐ Needs Analysis with Computer Output Assistance  
☒ Need Pre-Determined by Applicant    ☐ Other \_\_\_\_\_

15.a Purpose of Business Insurance (check one most applicable).

☐ Business Continuation Plan (Buy/Sell)    ☐ Key Person Plan    ☐ Deferred Compensation Plan  
☐ Split Dollar Plan    ☐ Executive Bonus Plan    ☐ Secure Business Debt  
☐ Other \_\_\_\_\_

15.b Business Data    ☐ Corporation    ☐ Partnership    ☐ Sole Proprietorship

If available, attach a copy of the business' latest audited financial statements (Balance Sheet and Profit and Loss).

In addition, please complete the following questions:

- i. Date Corporation, Partnership or Business Established \_\_\_\_\_
- ii. Estimated Net Worth of Business \$ \_\_\_\_\_
- iii. Current Value of Primary Proposed Insured's Interest (based on % of ownership) \$ \_\_\_\_\_
- iv. Net Annual Income of Business \$ \_\_\_\_\_
- v. If Proposed Insured is an officer or partner, are all of the remaining officers or partners applying for insurance at this time?    ☐ Yes    ☐ No (if "No", explain in remarks)

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY CERTIFY that the answers given to the foregoing questions in this application are full, complete and true to the best of my knowledge and belief; that I know of no condition affecting the insurability of any person proposed for insurance which is not fully set forth herein; that I carefully asked each question as written before recording each answer prior to the application being signed; that the Special Notices regarding Information Practices, the Federal Fair Credit Reporting Act, and Medical Information Bureau, Inc., were given to the Primary Proposed Insured.

1-1-08  
 Date

John Dogood  
 Agent's Signature  
John Dogood 123A  
 Agent's Printed Name/GPM Agent No.  
123A / AR  
 Agent's License No./State

\_\_\_\_\_  
 Joint Agent's Signature  
 \_\_\_\_\_  
 Joint Agent's Printed Name/GPM Agent No.  
 \_\_\_\_\_  
 Joint Agent's License No./State



3/20/08 1:20 pm

## Government Personnel Mutual Life Insurance Company

P.O. Box 659567  
San Antonio, Texas 78265-9567  
www.gpmlife.com

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### NOTICE UNDER THE FAIR CREDIT REPORTING ACT AND NOTICE REGARDING MEDICAL INFORMATION BUREAU, INC.

**WRITING AGENT: This special notice must be detached and given to the Proposed Insured.**

PROPOSED INSURED: PLEASE RETAIN THIS SPECIAL NOTICE FOR YOUR RECORDS.

**INFORMATION PRACTICES:** In most cases, the application is the only source of information required about the person(s) proposed for insurance. Occasionally, it is necessary to collect additional, personal information from other sources. Such information may, in some circumstances, be disclosed to third parties without your specific authorization, but only for certain limited purposes which we deem necessary to the conduct of our business. A right of access and correction exists with respect to any personal information we may collect. A notice providing a more detailed description of our information practices and your rights is available upon request.

**INVESTIGATIVE CONSUMER REPORTS:** As part of the underwriting process, we may request an investigative consumer report from a consumer reporting agency for the purpose of obtaining information about your character, reputation and mode of living, through personal interviews with your friends, neighbors, and associates. You may ask for a personal interview with the consumer reporting agency in connection with any investigative consumer report which may be prepared. You are also entitled, upon written request pursuant to law, to be informed of the nature and scope of the investigation and to receive a copy of the report.

**MEDICAL INFORMATION BUREAU, INC:** Information regarding your insurability will be treated as confidential. We, or our reinsurer(s), may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

We, or our reinsurer(s), may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

For further information, write the Underwriting Department, GPM Life, P.O. Box 659567, San Antonio, Texas 78265-9567.



**Government Personnel Mutual Life**  
P.O. Box 659567, San Antonio, TX 78265-9567

PRESENTS

A CUSTOM LIFE INSURANCE ILLUSTRATION OF:

**UNI-Mark 08**

Designed for

[ **John Doe** ]

Presented by

[ **Home Agent** ]

[ **July 18, 2008** ]



# Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

## UNI-Mark 08

### Description of Basic Policy Features

Insured: [ John Doe ]  
Insured Age/Sex: [ 35 Male ]  
Class: [ Non-Tobacco ]  
Substandard: [ None ]

Initial Policy Face Amount: [ \$25,000 ]  
Initial Special Monthly Premium: [ \$ xx.xx ]  
Policy Form: 59C UL2008  
Initial DB Option [ A - Level Death Benefit ]

#### Premium Outlay

This illustration is for a life insurance policy that is commonly referred to as FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE. This life insurance policy allows the policyowner flexibility in both premium payments and death benefits.

The policyowner has the option to vary the amount and timing of the Planned Premium as long as they are sufficient to keep the policy in force and do not violate the maximum limitations imposed by the tax law. The illustration assumes that premium payments are made at the beginning of the premium mode.

If actual premium payments are different than the scheduled Planned Premiums or the payment dates are not consistent with the assumptions in the illustration, then the policy values will be different than those in this illustration.

Note that if premium payments are suspended, then policy charges will continue to be deducted from the policy values. Additional premiums may be required to keep the policy in force, if policy values are not sufficient.

The Guideline Level Premium limit is [xxx.xx]. The Guideline Single Premium limit is [x,xxx.xx]. The maximum premium that can ever be paid into the policy is the greater of the cumulative Guideline Level Premium limit or the Guideline Single Premium limit.

#### Death Benefits

A death benefit will be paid to the designated beneficiary upon the death of the insured if the conditions of the policy are met. The policyowner may request changes in the Policy Face Amount and/or Death Benefit Option after issue as outlined in the policy. Increases in Face Amount or option changes may require the insured to submit evidence of insurability.

This illustration assumes use of [Level Death Benefit Option A - Level Death Benefit.] This death benefit is equal to the higher of the policy Face Amount (or) the Accumulation Value multiplied by the death benefit corridor factor (refer to policy for factors). Death benefits are illustrated at the end of the year.

#### Policy Values

The policy owner is entitled to a Cash Surrender Value upon surrender of the policy. The Cash Surrender Value equals the Accumulation Value less the Surrender Charge and the current Loan Payoff Amount. The Cash Surrender Value and the Accumulation Value are defined in Section 4. Note that the timing of premium payments will affect the policy values. Policy values are illustrated at the end of the year. Surrender charges are in effect for 20 years after policy issue or after the base policy Face Amount is increased.

#### Lapse Basis

During the first 15 policy years the policyowner must pay at least the Minimum Premium. Payment of the Minimum Premium will guarantee coverage during this period as long as the Accumulation Value is greater than zero. After the first 15 years, the policy will continue in force as long as the Cash Surrender Value is greater than zero.

#### Loans / Partial Surrenders

There are two ways the policyowner may withdraw money from the contract without surrendering the policy.

1) You may borrow funds from the policy through a Policy Loan. Loan interest will be charged on any existing loan balance. You can either pay this interest or charge it to the policy. The loan balance can be repaid. Interest not paid when due will be added to the loan.

2) You may permanently withdraw funds from the policy using a Partial Surrender. The Cash Surrender Value of the policy will be reduced by the amount of the Partial Surrender plus a \$25 charge. Partial Surrenders will reduce the Cash Surrender Value and the policy Face Amount.



# Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

## UNI-Mark 08

### Description of Basic Policy Features

Insured: [John Doe]  
Insured Age/Sex: [35 Male]  
Class: [Non-Tobacco]  
Substandard: [None]

Initial Policy Face Amount: [\$25,000]  
Initial Special Monthly Premium: [\$xx.xx]  
Policy Form: 59C UL2008  
Initial DB Option [A - Level Death Benefit]

#### Non-Guaranteed Elements

The actual monthly policy charges and credited interest rate used to determine the policy values illustrated are set by GPM and are not guaranteed. The current charges are based on current company expectations as to future experience. There are maximum limits on the policy charges and a minimum guaranteed interest rate. The non-guaranteed elements in this policy are described below.

**INTEREST ->** The actual interest rate credited to the policy values may exceed the guaranteed rate. GPM may change the rate monthly. The non-guaranteed Accumulation Values and Cash Surrender Values include a .75% interest bonus in years 16 and later.

**COST OF INSURANCE ->** GPM establishes cost of insurance rates which are based on its expected mortality experience. The non-guaranteed scale of rates may be more favorable than the guaranteed scale. GPM may change the non-guaranteed scale at any time.

**EXPENSES & FEES ->** GPM currently charges a \$5.00 per month policy fee in policy years 1-15 and \$3.00 in policy years 16 and thereafter. However, GPM may increase this fee to a maximum of \$6.00 per month. GPM collects a premium expense load of 6.0% of premium in policy years 1-15 and 3% in policy years 16 and thereafter. However, GPM may collect a premium expense load of up to 7.5% of premium. GPM collects a .10 monthly per unit expense in years 1 thru 5. However, GPM may collect this expense for the lifetime of the policy and may charge a maximum .15 per unit.

#### NOTICE

THIS ILLUSTRATION INCLUDES VALUES THAT ARE NOT GUARANTEED. THE ILLUSTRATION ASSUMES THAT THE CURRENTLY ILLUSTRATED NON-GUARANTEED ELEMENTS WILL CONTINUE UNCHANGED FOR ALL YEARS SHOWN. THIS IS NOT LIKELY TO OCCUR, AND THE ACTUAL RESULTS MAY BE MORE OR LESS FAVORABLE THAN THOSE SHOWN.

ELEMENTS OF THE ILLUSTRATION THAT ARE NOT GUARANTEED INCLUDE INTEREST CREDITING RATES, COST OF INSURANCE RATES, AND EXPENSE CHARGES. THESE NON-GUARANTEED ELEMENTS WILL BE DETERMINED BASED ON COMPANY EXPERIENCE AS RELATES TO DEATH CLAIMS, INVESTMENT EARNINGS, AND COMPANY EXPENSES.





# Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

## UNI-Mark 08 Definition of Terms

Insured: [John Doe ]  
Insured Age/Sex: [35 Male ]  
Class: [Non-Tobacco ]  
Substandard: [None ]

Initial Policy Face Amount: [\$25,000 ]  
Initial Special Monthly Premium: [\$ xx.xx ]  
Policy Form: 59C UL2008  
Initial DB Option [A - Level Death Benefit ]

	The terms shown in SUMMARY OF VALUES are defined below.
<b>Premium Outlay</b>	This is the total premium paid into the policy during a policy year. It includes scheduled Planned Premiums and any additional premiums from either personal funds or a policy exchange.
<b>Cumulative Premium Outlay</b>	This is the total premium paid into the policy during the current policy year plus all prior policy years.
<b>Partial Surrender</b>	Amounts withdrawn from the policy under the Partial Surrender option. Illustration assumes Partial Surrenders are taken at the beginning of the policy year.
<b>Net Loan</b>	The net policy loan activity during the policy year. This amount equals the Policy Loans taken less loan repayments and loan interest paid by the policyowner. Loan interest charged to the policy is not included in this column. This illustration assumes Policy Loans and loan repayments occur at the beginning of the policy year.
<b>Accumulation Value</b>	A value determined by using premiums paid, Partial Surrenders, Policy Loans, charges for insurance and expenses, and credited interest. Accumulation Value shown is as of the end of the policy year.
<b>Cash Surrender Value</b>	The amount available to the policyowner upon surrender of the policy. The amount will be the Accumulation Value reduced by any applicable surrender charges and any outstanding loan balance. The Cash Surrender Values shown are as of the end of each policy year.
<b>Death Benefit</b>	The benefit that would be paid to the beneficiary in the event of the insured's death. The Death Benefit Values shown are as of the end of each policy year.
<b>Summary Totals</b>	The summary totals that appear show cumulative values in the Premium Outlay, Net Loan, and Partial Surrenders columns. Cumulative totals represent the sum of amounts from the current year plus all prior years.



# Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

## UNI-Mark 08 Summary of Values

Insured: [John Doe ]  
Insured Age/Sex: [35 Male ]  
Class: [Non-Tobacco ]  
Substandard: [None ]

Initial Policy Face Amount: [\$25,000 ]  
Initial Special Monthly Premium: [\$ xx.xx ]  
Policy Form: 59C UL2008  
Initial DB Option [A - Level Death Benefit ]

Summary Year/Age	Cumulative Premium Outlay	Guaranteed Basis		Non-Guaranteed Value			
		Cash Surrender Value	Death Benefit	Mid-Point Basis Cash Surrender Value	Death Benefit	Assumed Basis ([x.xxx%]) Cash Surrender Value	Death Benefit
Year 5	[\$x,xxx]	\$x,xxx	\$25,000	\$ x,xxx	\$25,000	\$ x,xxx	\$25,000]
Year 10	[\$x,xxx]	\$x,xxx	\$25,000	\$ x,xxx	\$25,000	\$ x,xxx	\$25,000]
Year 20	[\$x,xxx]	\$x,xxx	\$25,000	\$ x,xxx	\$25,000	\$ x,xxx	\$25,000]
Age 70	[\$x,xxx]	\$x,xxx	\$25,000	\$ x,xxx	\$25,000	\$ x,xxx	\$25,000]

The policy may lapse (expire) prior to policy maturity (Age 100).

The policy illustrated according to the 3 Bases above could expire as follows:

Guaranteed: Policy Year Expiration: Age [xx] Duration [xx]

Mid-Point: Policy Year Expiration: Age [xx] Duration [xx]

Projected: Remain In Force to Maturity

The above values include the net effect of Loan and Partial Surrender activity.

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The GPM Representative noted below has told me they are not guaranteed. No representations inconsistent with this illustration have been made to me.

\_\_\_\_\_  
Policyowner/Applicant

\_\_\_\_\_  
Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no representations that are inconsistent with the illustration.

\_\_\_\_\_  
GPM Representative

\_\_\_\_\_  
Date



# Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

## UNI-Mark 08 Tabular Detail

Insured: [John Doe ]  
Insured Age/Sex: [35 Male ]  
Class: [Non-Tobacco ]  
Substandard: [None ]

Initial Policy Face Amount: [\$25,000 ]  
Initial Special Monthly Premium: [\$ xx.xx ]  
Policy Form: 59C UL2008  
Initial DB Option [A - Level Death Benefit ]

Policy Year	Age	Premium Outlay	Guaranteed Interest Rate (3.000%)			Non-Guaranteed ([x.xxx%])		
			Accumulation Value	Cash Surrender Value	Death Benefit	Accumulation Value	Cash Surrender Value	Death Benefit
[ 1	36 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 2	37 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 3	38 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 4	39 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 5	40 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 6	41 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 7	42 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 8	43 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 9	44 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[10	45 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[11	46 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[12	47 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[13	48 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[14	49 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[15	50 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[16	51 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[17	52 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[18	53 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[19	54 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[20	55 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[21	56 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[22	57 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[23	58 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[24	59 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[25	60 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[26	61 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[27	62 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[28	63 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[29	64 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[30	65 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[31	66 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[32	67 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[33	68 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[34	69 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[35	70 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[36	71 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[37	72 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[38	73 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[39	74 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[40	75 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[41	76 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[42	77 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[43	78 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[44	79 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[45	80 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]



# Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

## UNI-Mark 08 Tabular Detail

Insured: [ John Doe ]  
Insured Age/Sex: [ 35 Male ]  
Class: [ Non-Tobacco ]  
Substandard: [ None ]

Initial Policy Face Amount: [ \$25,000 ]  
Initial Special Monthly Premium: [ \$ xx.xx ]  
Policy Form: 59C UL2008  
Initial DB Option [ A - Level Death Benefit ]

			Guaranteed Interest Rate (3.000%)			Non-Guaranteed ([x.xxx%])		
Policy Year	Age	Premium Outlay	Accumulation Value	Cash Surrender Value	Death Benefit	Accumulation Value	Cash Surrender Value	Death Benefit
[ 46	81]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 47	82]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 48	83]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 49	84]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 50	85]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 51	86]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 52	87]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 53	88]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 54	89]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 55	90]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 56	91]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 57	92]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 58	93]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 59	94]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 60	95]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 61	96]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 62	97]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 63	98]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 64	99]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
[ 65	100]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
Summary Totals (Key Years)								
Age	[ 60 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
Age	[ 65 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
Age	[ 70 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
Age	[ 75 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]
Age	[ 100 ]	[\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx ]



# Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

## UNI-Mark 08 Additional Notes

Insured: [ John Doe ]  
Insured Age/Sex: [ 35 Male ]  
Class: [ Non-Tobacco ]  
Substandard: [ None ]

Initial Policy Face Amount: [ \$25,000 ]  
Initial Special Monthly Premium: [ \$ xx.xx ]  
Policy Form: 59C UL2008  
Initial DB Option [ A - Level Death Benefit ]

### 5.00% Interest Adjusted Indexes

#### Surrender Cost

#### Net Payment

	10 Years	20 Years	10 Years	20 Years
Non-Guaranteed	[ x.xx ]	x.xx	x.xx	x.xx ]
Guaranteed	[ x.xx ]	x.xx	x.xx	x.xx ]

An explanation of the cost indexes is provided in the Life Insurance Buyer's Guide.

### Tax Premiums

The premiums on this policy are subject to federal tax guidelines which limit the amount of premium you can pay into your policy. Limits which could impact the future taxation of the policy are summarized below. Future policy changes such as Face Amount adjustments, rider additions, & Partial Surrenders may require that these limits be recalculated. Any of these changes could result in a taxable event. Please consult your tax advisor for further information.

Guideline Level Premium: [xxx.xx]  
Guideline Single Premium: [x,xxx.xx]  
MEC Premium (7 - Pay Test): [xxx.xx]

### Policy Loans

Loan Interest on this policy is 7.40% in advance. The portion of the Accumulation Value backing the policy loan may earn an interest rate less than the rate on the non-loaned Accumulation Value.

There are no loans assumed in this policy illustration.

### Partial Surrenders

After the first policy year, you may take Partial Surrenders from your Cash Surrender Value. These surrenders are subject to government tax guidelines. There is a \$25.00 charge for each Partial Surrender.  
There are no Partial Surrenders assumed in this policy illustration.

### Surrender Charges

This Policy has surrender charges applicable during the first 20 years. The initial surrender charge is \$ [xxx]  
Surrender charges are calculated as shown in the policy.

### Tele-Underwriting Requirements

No Routine Requirements for age and amount. Discretionary requirements, if any, quoted by GPM on a case-by-case basis.



**Government Personnel Mutual Life**  
P.O. Box 659567, San Antonio, TX 78265-9567

**SUMMARY OF CURRENT ANNUALIZED POLICY DEDUCTIONS AND PREMIUM EXPENSE CHARGES**

Year	Age EOY	Base Policy	WCOI	ADB	GBI	AIR	OIR's	CBR	DECR AIR	TOTAL DEDUCTIONS
[ 1	36	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 2	37	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 3	38	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 4	39	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 5	40	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 6	41	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 7	42	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 8	43	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 9	44	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 10	45	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 11	46	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 12	47	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 13	48	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 14	49	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 15	50	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 16	51	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 17	52	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 18	53	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 19	54	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 20	55	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 21	56	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 22	57	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 23	58	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 24	59	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 25	60	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 26	61	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 27	62	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 28	63	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 29	64	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 30	65	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 31	66	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 32	67	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 33	68	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 34	69	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 35	70	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 36	71	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 37	72	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 38	73	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 39	74	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 40	75	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 41	76	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 42	77	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 43	78	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 44	79	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]
[ 45	80	XXX.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	XXX.XX ]



**Government Personnel Mutual Life**  
P.O. Box 659567, San Antonio, TX 78265-9567

**SUMMARY OF CURRENT ANNUALIZED POLICY DEDUCTIONS AND PREMIUM EXPENSE CHARGES**

Year	Age EOY	Base Policy	WCOI	ADB	GBI	AIR	OIR's	CBR	DECR AIR	TOTAL DEDUCTIONS
[ 46	81	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 47	82	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 48	83	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 49	84	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 50	85	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 51	86	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 52	87	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 53	88	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 54	89	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 55	90	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 56	91	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 57	92	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 58	93	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 59	94	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 60	95	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 61	96	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 62	97	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 63	98	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 64	99	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]
[ 65	100	xxx.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx	xxx.xx ]



# GPM LIFE

GPM LIFE Building, 2211 N.E. Loop 410  
P.O. Box 659567, San Antonio, Texas 78265-9567  
(210) 357-2222 Fax (210) 357-2288 (800) 929-4765

## ANNUAL STATEMENT FOR THE PERIOD OF [01/01/2008] TO [01/01/2009]

OWNER: [John Doe]  
ADDRESS: 1427 Silver Spur Dr  
Allen, TX 75002-0806 ]

DATE PRINTED [01/01/2009]  
POLICY NO: [00059C UL2008]  
ISSUE AGE/SEX: [ 35 / M ]  
SMOKER CODE: [ NON-TOBACCO ]

ACCUMULATION VALUE: [ xxx.xx ]  
SURRENDER CHARGE: [ xxx.xx ]  
SURRENDER VALUE: [ x.xx ]

ISSUE DATE: [01/01/2008]  
MATURITY DATE: [01/01/2073]  
BASE FACE AMOUNT: [ 25,000 ]  
BASE DEATH BENEFIT: [ 25,000 ]  
DEATH BENEFIT OPTION: [ A ]

### BENEFIT SUMMARY

BR INSURED NAME	PLAN	FACE AMOUNT	EFFECTIVE DATE	EXPIRATION DATE
[00 John Doe	UM08	25,000	01/01/2008	01/01/2073]

### MONTHLY FUND SUMMARY

BEG. BALANCE: [ .00 ]

POLICY MO/DAY BEGINS	PREMIUM DEPOSITED	INTEREST CREDITED	COST OF INSURANCE	EXPENSE CHARGES	FUND TRANSFER	PARTIAL WITHDRAWAL	ENDING FUND VALUE
[JAN 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
FEB 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
MAR 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
APR 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
MAY 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
JUN 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
JUL 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
AUG 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
SEP 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
OCT 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
NOV 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx
DEC 01	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx	xxx.xx

TOTAL YEAR xxx.xx xxx.xx xxx.xx xxx.xx xxx.xx xxx.xx xxx.xx ]





# GPM LIFE

GPM LIFE Building, 2211 N.E. Loop 410  
P.O. Box 659567, San Antonio, Texas 78265-9567  
(210) 357-2222 Fax (210) 357-2288 (800) 929-4765

ANNUAL STATEMENT FOR THE PERIOD OF [01/01/2008] TO [01/01/2009]

OWNER: [ John Doe ]

POLICY NO: [00059C UL2008]

----- INTEREST RATE SUMMARY -----

NON-LOANED ACCUMULATION VALUE:

EFFECTIVE: [01/01/2008]

RATE: [x.xxx%]

<--- FOR POLICY YEAR BEGINNING [01/01/2009] --->

EFFECTIVE: [01/01/2009]


RATE: [x.xxx%]

CURRENT INTEREST RATES ARE NOT GUARANTEED AND MAY BE CHANGED AT ANY TIME.

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY  
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER 59C UL2008

This is to certify that any changes in the information on the policy computer pages will  
require the company to submit the new computer page(s) to the Department for prior approval  
- except for changes in "John Doed" information specifically relating to a particular insured.

  
\_\_\_\_\_  
Sean Staggs, FSA, MAAA  
Assistant Vice President & Associate Actuary

JUN 27 2008  
\_\_\_\_\_  
DATE

MKD

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY  
San Antonio, Texas

DISCLOSURE OF MARKETING INTEREST AND INFORMATION

FORM NUMBER - 59C UL2008

1. Marketed on individual basis.
2. No special market intended.
3. No deviation from standard underwriting rules.
4. No limitation of use.
5. No changes in benefits.
6. Commissions and gross premium rates are consistent with GPM's other plans.
7. No deviation from GPM's usual retention.\_

## **REQUIRED NOTICE FOR POLICIES DELIVERED IN THE STATE OF ARKANSAS**

Arkansas law requires that we provide you with addresses and telephone numbers of certain parties you may need to contact in connection with your policy. These are as follows:

### **Soliciting Agent:**

Agent's name, address, and telephone number can be found on the Statement of Policy Cost and Benefit Information (Policy Summary). If Agent information cannot be found, please call Customer Service Center shown below:

### **GPM's Customer Service Center:**

Customer Service Center  
GPM Life Insurance Company  
P. O. Box 659567  
San Antonio, Texas 78265-9567  
Telephone: 1-800-929-4765

If we at Government personnel Mutual Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

### **The Arkansas Bureau of Insurance:**

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Telephone: 1-800-852-5494 or 501-371-2640

ARKANSAS

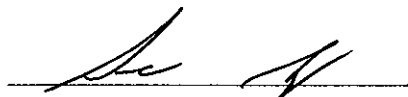
SUBJECT - Individual Life   X   Individual Annuity           

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

**59C UL2008**

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that the company is in compliance with Regulation 34.

A handwritten signature in black ink, appearing to read 'Sean Staggs', is written over a horizontal line.

Sean Staggs, FSA, MAAA  
Assistant Vice President & Associate Actuary

SERFF Tracking Number: GPML-125744044 State: Arkansas

Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 40129

Company Tracking Number: 59C UL2008

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: 2001 CSO - Individual Life/UL

Project Name/Number: 2001 CSO - Individual Life/59C UL2008/59C UL2008

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Universal Life	07/23/2008	00- 59C UL2008 - Pages 1-12- AR.pdf 00- 59C UL2008 - Pages 12A-12F- AR.pdf 00- 59C UL2008 - Pages 12G-36- AR.pdf

# Government Personnel Mutual Life Insurance Company

San Antonio, Texas  
(CALLED "GPM" IN THIS POLICY)



**GPM** will pay the benefits provided in this Policy subject to its terms and conditions.

**30 DAY RIGHT TO EXAMINE POLICY.** It is important to Us that You are satisfied with this Policy. If You are not satisfied, You may return the Policy to Our Home Office or to Your agent within 30 days after You receive it. We will refund all the premium You have paid. The Policy will be deemed void from the Policy Date.

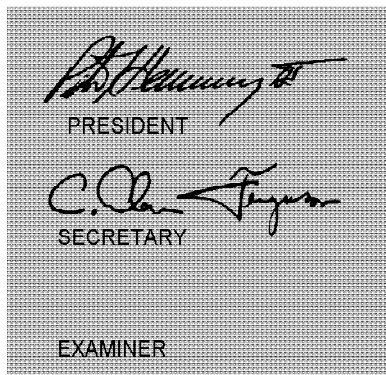
**SIGNED BY GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY** at its Home Office in San Antonio, Texas as of the Policy Date.

**PLEASE EXAMINE THIS POLICY CAREFULLY**

This is a legal contract between You and GPM Life.

For Policyowner Service or Claim Information Call:

1-800-929-4765



Flexible Premium Adjustable Life Insurance Policy  
Adjustable Death Benefit.

Cash Surrender Value Payable at Maturity.

Flexible Premium Payable during Lifetime of Insured Until Maturity Date.

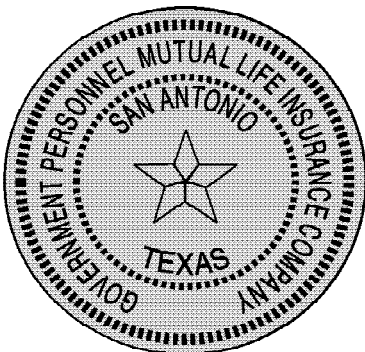
Death Benefit Payable at Death of Insured Prior to Maturity.

Participating

## NOTICE

This policy may not qualify as Life Insurance after the Insured's Attained Age 100 under federal tax law and may be subject to adverse tax consequences. A tax advisor should be consulted before the policy owner decides to continue the Policy after Age 100.

Prior to the later of the Insured's Age 75 or the 20th Policy Anniversary, You may elect either of two Death Benefit Options, after that date only one Death Benefit Option is available. See the Death Benefits Provision of the Policy.



**POLICY NUMBER:**

[ 59C UL2008 ]

**ISSUE DATE:**

[ January 1, 2008 ]

**NAME OF INSURED:**

[ John Doe ]

**SPECIFIED AMOUNT:**

[ \$25,000 ]

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<b>A copy of the Application and any Endorsements or Riders follow page 17.</b>	



## SCHEDULE PAGE

FORM	COVERAGE DESCRIPTION	SPECIFIED AMOUNT	UNDERWRITING CLASS	BENEFIT CEASES	POLICY NUMBER:
[UM08	Flexible Premium Adjustable [Life Insurance	\$25,000 Option A	100% Non-Tobacco]	2073]	[59C UL2008]
					<b>ISSUE DATE:</b>
					[January 1, 2008]
					<b>NAME OF INSURED:</b>
					[John Doe]
					<b>ISSUE AGE/SEX:</b>
					[35      Male]
					<b>MATURITY DATE:</b>
					[January 1, 2073]
					<b>PLANNED PERIODIC PREMIUM:</b>
					[\$xx.xx ] [Payable Monthly]
<p><b>MAXIMUM MONTHLY EXPENSE CHARGE - See page 12R</b>  <b>MAXIMUM PREMIUM EXPENSE CHARGE - 7.5%</b>  <b>MAXIMUM MONTHLY POLICY FEE - \$6.00</b>  See Table of Surrender Charge Factors (Page 12B) for Surrender Charges.</p>					
<p>THE INITIAL PREMIUM FOR THE POLICY IS      [The Monthly Premium: \$ xx.xx ]</p> <p>THE MINIMUM MONTHLY PREMIUM IS      [ \$xx.xx]</p> <p>THE MINIMUM PREMIUM PERIOD IS      180 Months</p> <p>This Policy will not lapse during the Minimum Premium Period if the sum of the premiums paid less any partial surrenders is greater than the Minimum Monthly Premiums times the number of months expired since the Issue Date. This provision is only in effect during the Minimum Premium Period.</p> <p>MINIMUM SPECIFIED AMOUNT IS      \$25,000</p> <p>MINIMUM INCREASE AMOUNT IS      \$10,000</p> <p><b>If premiums are discontinued, or if premiums paid are too small, or if insurance costs and interest rates are less favorable than anticipated, this Policy could terminate prior to the maturity date.</b></p>					
					<b>The owner and beneficiary are as stated in the application unless later changed.</b>

## **BASIS OF CALCULATIONS**

CASH VALUE INTEREST RATE: 3.00 PERCENT

VALUATION METHOD: COMMISSIONER'S RESERVE 2001, MALE OR FEMALE  
NON-SMOKER OR SMOKER

MORTALITY TABLE: 2001 CSO, Male or Female, Non-Smoker or Smoker, Age Last Birthday

See paragraphs 6.19-6.22 for a statement of the Basis for Calculations.

## **LOAN INTEREST RATE**

LOAN INTEREST RATE IS 7.40% PER ANNUM, PAYABLE IN ADVANCE.

See paragraphs 7.01-7.04 for more information on Loan Values.

## DEFINITIONS

**1.01** In this Policy, the following words mean:

**Accumulation Value** - The amount calculated as in 6.01, to which We credit interest and from which We deduct the monthly deductions on each Monthly Anniversary Date.

**Age** - At any Policy Anniversary, the Insured's Age at the Insured's last birthday. Age is sometimes called Attained Age.

**Beneficiary** - The person, persons or entity named in writing by You to receive the Insurance Proceeds at the Insured's death while this Policy is in force.

**Cash Surrender Value** - The Accumulation Value less the Surrender Charge less any Indebtedness. If the Maturity Date is extended after Age 100 no Surrender Charge will apply.

**Current Interest Rate** - The rate of interest applied to the Accumulation Value in excess of the outstanding Policy Loan balance. During the first fifteen (15) Policy Years, the Current Interest Rate will be the greater of the Declared Rate or the Guaranteed Interest Rate. During Policy Years sixteen (16) and later the Current Interest Rate will be the greater of the Declared Rate plus 0.75% or the Guaranteed Interest Rate.

**Declared Rate** - A rate periodically established by Us which will be used in setting the interest rate credited to Your Accumulation Value.

**Home Office** - The main office of GPM in San Antonio, Texas.

**Indebtedness** - Any debts due Us under this Policy.

**Insurance Proceeds** - The amount We must pay under this Policy's terms when the Insured dies.

**Insured** - The person whose life is Insured under this Policy. Usually, the Insured is the Owner of the Policy, but not always.

**Internal Revenue Code** - The provisions of the Internal Revenue Code in effect on the Issue Date of this Policy.

**Minimum Premium Period** - The period during which minimum premiums paid in advance are required to keep this Policy in force.

**Monthly Anniversary Date** - The same day shown on the Schedule Page for each succeeding month.

**Policy** - Means this Policy.

**Policy Anniversary Date** - The same day and month as the Issue Date shown on the Schedule Page for each succeeding year.

**Risk Class** - A means of classifying the Insured, using these factors: issue Age, Policy duration, sex, Underwriting Class (preferred or not, tobacco user or not, standard, substandard, etc), Policy Loan or not, and Policy size. It is used in the calculation of Accumulation Value, to establish minimum premiums, in the calculation of Surrender Charges, and to calculate the values of all tables in this Policy.

**Surrender Charge** - The amount described on Page 12B which We will deduct from the Accumulation Value if this Policy is surrendered.

**We, Our, Us** - Government Personnel Mutual Life Insurance Company (GPM).

**Written Request** - A writing to exercise Your rights, signed by You and received by Us, on forms We supply or satisfactory to Us. We may also require that Your Policy be sent to Us with Your Written Request.

**You, Your** - The Owner of this policy.

## GENERAL PROVISIONS

### Entire Contract.

**2.01** This Policy, including a copy of Your written application, is the entire contract between You and Us. In the absence of fraud, all statements made in Your applications will be considered representations and not warranties. Only statements made in the application can be used to void this Policy or defend against a claim.

**2.02** This contract cannot be changed in any way without the written consent of one of Our officers.

**2.03** Any additional benefit rider attached to this Policy will become a part of this Policy and will be subject to all the terms and conditions of this Policy, unless We state otherwise in the rider.

## GENERAL PROVISIONS - Continued

### Your Rights.

**2.04** You can exercise the rights given by this Policy. These rights include:

- a) The right to make flexible premium payments according to the Premiums and Reinstatement sections.
- b) The right to change the Death Benefit Option according to the Death Benefits and Policy Changes section.
- c) The right to change the Specified Amount according to the Policy Changes section.
- d) The right to surrender this Policy according to the Policy Values section.
- e) The right to change the Beneficiary according to the General Provisions section.
- f) The right to choose how the Insurance Proceeds will be paid according to the Settlement Provisions section.
- g) The right to assign this Policy according to the General Provisions section.
- h) The right to transfer ownership according to the General Provisions section.

**2.05** You can exercise Your rights under this Policy while the Insured is alive by making a Written Request in a form satisfactory to Us. If Your Policy is assigned as collateral, We will also require a Written Request from the assignee. If You have not reserved the right to change the Beneficiary, We will also require a Written Request satisfactory to Us from any irrevocable Beneficiary.

### Annual Report.

**2.06** We will send You a report after each Policy Anniversary. This report will show:

- a) Premiums paid since the last report;
- b) The Cash Surrender Value at the beginning of the period;
- c) Interest credited since the last report;
- d) Monthly deductions since the last report;
- e) Partial surrenders since the last report;
- f) Indebtedness activity;

g) The Cash Surrender Value at the end of the period; and

h) Insurance Proceeds at the end of the period.

**2.07** We will provide an illustration projecting future death benefits and Policy values upon Written Request. We will charge a maximum fee of \$25.00 for this service. The illustration will be based on assumptions as to Specified Amounts, death benefit options, and future premium payments which You specify. We will make any other reasonable assumptions which are necessary.

### Collateral Assignment.

**2.08** Your Policy may be collaterally assigned. We are not bound by the assignment unless You make a Written Request satisfactory to Us and it is received in Our Home Office. We are not responsible for determining if Your assignment is valid or the extent of the assignee's interest. The rights of any named Beneficiary are subject to the rights of any assignee.

### Misstatement of Age or Sex.

**2.09** If the Insured's Age or sex is misstated in the application, We will adjust the Insurance Proceeds. The Insurance Proceeds payable shall be adjusted by the difference between the Monthly Deductions deducted and the Monthly Deductions which should have been deducted. We will accumulate this difference at the interest rates credited to this Policy.

### Suicide.

**2.10** If the Insured dies by suicide, while sane or insane, within two (2) years of the Issue Date, We will not pay the Insurance Proceeds. When the laws of the state in which this Policy is delivered require less than this two (2) year period, the period will be as stated in such laws. The amount We will pay will be the total premiums paid minus any Indebtedness, and minus any partial surrender amounts paid.

**2.11** There is a new two (2) year suicide period after any increase in Specified Amount. We will measure this period from the effective date of any increase. If the Insured dies by suicide, while sane or insane, during this period We will not pay the Insurance Proceeds attributable to the increase. The amount We will pay is the sum of the Monthly Deductions for the increase.

## GENERAL PROVISIONS - Continued

### **Incontestability.**

**2.12** We will not contest the initial Specified Amount after this Policy has been in force for two (2) years after the Issue Date while the Insured is alive, except for fraud and/or non-payment of a needed premium. We will not contest any increase in Specified Amount after the increase has been in force for two (2) years from the effective date of the increase while the Insured is alive, except for fraud and/or non-payment of a needed premium.

We will rely on material representations made in the application for an increase.

**2.13** If this Policy is reinstated, We will not contest the reinstatement after this Policy is again in force for two (2) years from the effective date of reinstatement while the Insured is alive, except for fraud and/or non-payment of a needed premium.

We will rely on material representations made in the reinstatement application.

### **Termination of Policy.**

**2.14** This Policy will terminate when:

- a) You surrender this Policy for its Accumulation Value minus the Surrender Charge and minus any Indebtedness;
- b) The Insured dies;
- c) The Policy reaches the Maturity Date; or
- d) The grace period ends without payment of required premiums.

### **Beneficiary.**

**2.15** We will pay the Insurance Proceeds to the Beneficiary named by You in the application or in any later request which We record. Our payment will not be later than two (2) months after We receive due proof of the Insured's death and due proof of the right of the claimant to the Proceeds of the Policy. If You name more than one primary Beneficiary, they will share equally, unless You provide otherwise.

The Insurance Proceeds will include refund of any charges made past the month of death. If payment of the Insurance Proceeds has not been made within thirty (30) days from the date proof of the Insured's death and proof of the right of the

claimant to the Proceeds of the Policy was received by Us, We will pay the interest on the Insurance Proceeds at a rate of 8.0% per year.

**2.16** If a Beneficiary dies before the Insured dies, that Beneficiary will have no interest in the Insurance Proceeds. Only those beneficiaries who survive the Insured will share in the Insurance Proceeds. If no Beneficiary survives the Insured, We will pay the Insurance Proceeds to Your estate unless otherwise designated.

### **Change of Beneficiary or Owner.**

**2.17** You may change the Beneficiary not designated irrevocable or the Owner, by Written Request in a form satisfactory to Us. The change is not effective until We record the change in Our records. After it is so recorded, it will take effect as of the date You signed the Written Request. However, We are not liable for any action We take before We record Your Written Request.

### **Payment of Insurance Proceeds.**

**2.18** Insurance Proceeds are the amount payable on the Maturity Date, on the surrender of this Policy prior to the Maturity Date, or on the death of the Insured. The Insurance Proceeds are subject to the adjustments provided in the Misstatement of Age and Sex, Incontestability, Suicide, and Surrender provisions.

Payment of the Proceeds can be made in a lump sum, including any Proceeds payable under an accidental benefit, if applicable.

If payment of the Insurance Proceeds has not been made within thirty (30) days from the date proof of the Insured's death and proof of the right of the claimant to the Proceeds of the Policy was received by Us, We will pay interest on the Insurance Proceeds at a rate of 8.0% per year. The Insurance Proceeds will include a refund of premiums paid for any period beyond the Policy month in which death occurred.

### **Changing the Maturity Date.**

**2.19** Prior to the Maturity Date, the Owner can request to extend the Maturity Date to a later date. The latest possible Maturity Date is the anniversary at which the Insured is Age 120. If You elect to extend Your Maturity Date, no Surrender Charges will apply to any subsequent surrender and no further premium may be paid. If the request for change is to a later date, We are required to approve it.

## POLICY CHANGES

### **Increases in Specified Amount.**

**3.01** On any date after the first Policy Anniversary Date, You may apply for an increase in Specified Amount by Written Request in a form satisfactory to Us. Such increase shall be subject to evidence of insurability satisfactory to Us. Each increase must at least equal the Minimum Increase Amount shown on the Schedule Page. The increase will go into effect on the date shown on an endorsement to the Schedule Page. This endorsement will define the maximum cost of insurance rates to be applied to the increase based on the risk classification of the Insured at the time of the increase.

**3.02** Each increase will have a new schedule of Surrender Charges applicable for the first twenty (20) years immediately following the increase. Such Surrender Charge Factors are shown on the Schedule Page.

**3.03** Also, the Accumulation Value immediately after the increase must be equal to or greater than the Surrender Charge for this Policy plus any Indebtedness. This may require a premium payment. We will advise You of the amount of premium required, if any. Such premium is due prior to the effective date of the increase.

### **Decreases in Specified Amount.**

**3.04** You may decrease the Specified Amount. However, the Specified Amount remaining in effect after any decrease cannot be less than the Minimum Specified Amount shown on the Schedule Page. Also, You cannot decrease the Specified Amount if, after the decrease, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. We will decrease the Specified Amount in the following order:

- a) Increases in Specified Amount in the reverse order in which they occurred; and then
- b) The initial Specified Amount.

If a decrease occurs during the Minimum Premium Period, a new Policy Schedule will be mailed to the Owner showing the amount of the new Minimum Monthly Premium, if changed, payable for the remainder of the Minimum Premium Period.

**3.05** Any decrease will go into effect on the Monthly Anniversary Date on or following the date We receive Your Written Request.

**3.06** If You decrease the Specified Amount, We will deduct a Surrender Charge from Your Accumulation Value. Such deduction will be the sum of the Surrender Charges computed separately for each increase in Specified Amount beginning with the most recent increase. These Surrender Charges are described on Pages 12B thru 12R.

### **Changes in Death Benefit Options.**

**3.07** If the Death Benefit Option in effect is Option A, You may request a change to Option B. If You do, We will decrease the Specified Amount by the amount of the Accumulation Value. After the change, the Specified Amount cannot be less than the Minimum Specified Amount shown on the Schedule Page.

**3.08** If the Death Benefit Option in effect is Option B, You may request a change to Option A. We will increase the Specified Amount by the amount of the Accumulation Value.

**3.09** The change will go into effect on the Monthly Anniversary Date on or following the date We receive Your Written Request.

## DEATH BENEFITS

### Death Benefit.

**4.01** The Death Benefit depends upon the Death Benefit Option in effect on the day the Insured dies. The Death Benefit is the sum of the amount of insurance determined by the Death Benefit Option then in effect, minus any Indebtedness.

After Age 100, the Death Benefit will not be less than the Accumulation Value on the Policy Anniversary following the Insured's Age 100, less any partial surrenders made after the anniversary following the Insured's Age 100, plus interest at the guaranteed interest rate to the date of death, less any Indebtedness as of the date of death.

### Death Benefit Options.

**4.02** There are two Death Benefit Options. One is Option A. The other is Option B. The Death Benefit Option on the Issue Date is shown on the Schedule Page. You may change the Death Benefit Option prior to the changeover date defined in Paragraph 4.04.

### Option A.

**4.03** Under Option A, the insurance is the greater of (a) or (b) where:

- a) Is the Specified Amount on the day the Insured dies; and
- b) Is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the Options A and B Table.

### Option B.

**4.04** Under Option B, the amount of insurance before the Changeover Date is the greater of (a) or (b), where:

- a) Is the Specified Amount on the day the Insured dies plus the Accumulation Value on the day the Insured dies; and
- b) Is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the Options A and B Table.

### Options A and B Table

Attained Age	Percentage	Attained Age	Percentage
0-40	250	61	128
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215		
		66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185		
		71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150		
		91	104
56	146	92	103
57	142	93	102
58	138	94	101
59	134	95+	100
60	130		

### Changeover Date.

**4.05** The Changeover Date is the later of (a) the Policy Anniversary on or after the Insured's 75th birthday, or (b) the 20th Policy Anniversary. On the Changeover Date the Death Benefit Option is changed automatically to Death Benefit Option A and the Specified Amount will be increased by an amount equal to Accumulation Value as of the Changeover Date.

### Effect of Partial Surrender on Insurance Proceeds.

**4.06** A partial surrender will decrease the insurance Proceeds under either Option A or Option B. If the Death Benefit Option in effect is Option A, We will reduce the Specified Amount by the amount of the partial surrender.

## PREMIUMS AND REINSTATEMENT

### Payment of Premiums.

**5.01** An initial premium equal or greater than the Minimum Monthly Premium shown on the Schedule Page is due on the Issue Date. This Policy is not in force until the initial premium has been paid. Subject to the provisions of this section, You can choose the amount and the frequency of any further premiums. Payment of premiums is not required after the Insured's Age 100.

**5.02** Premiums are considered paid when received by Us at Our Home Office and are not subject to any collection. You may request a receipt signed by one of Our officers.

### Minimum Premium Period.

**5.03** On each Monthly Anniversary Date during the Minimum Premium Period as shown on the Schedule Page, the sum of the premiums paid less any partial surrenders must equal or exceed an amount equal to (a) times (b) where:

- a) Is the Minimum Monthly Premium shown on the Schedule Page ; and
- b) Is the number of months expired since the Issue Date.

**5.04** If such premiums due have not been paid, this Policy will terminate, except as provided in the Grace Period provision (Paragraphs 5.09-5.11).

### Planned Periodic Premiums.

**5.05** Planned periodic premiums are shown on the Schedule Page. This is the amount and frequency of premiums You selected on the Issue Date. You may change the amount and frequency.

**5.06** We will send You reminder notices at the planned payment intervals You select. You may pay the Planned Periodic Premium annually, semi-annually, or monthly. Each premium payment made must at least equal \$25 or, if greater, the amount needed during a grace period to prevent lapse of the Policy.

### Additional Premium.

**5.07** You may pay additional premiums at any time while this Policy is in force. We can limit the amount of premiums. We may refuse to accept a premium if the amount of insurance under Option A or Option B is a percentage of the Accumulation Value as described in the Death Benefits Provisions.

**5.08** We will not accept a premium if, by accepting the premium, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. If We accept any premium in error, We will refund it to You with interest at an annual rate not less than 3.0% not later than sixty (60) days after the end of the Policy year in which the error was discovered. The interest rate will be that credited to the Accumulation Value attributable to the premium refunded. Any premiums which We accept in error will not be considered premiums paid under this Policy.

### Grace Period.

**5.09** In the event You stop paying premiums, coverage will continue subject to the Grace Period provision until the Cash Surrender Value is no longer sufficient to cover the Monthly Deduction. If the Cash Surrender Value on a Monthly Anniversary Date is not enough to cover the Monthly Deduction for the month following such Monthly Anniversary Date, a grace period of sixty-one (61) days shall be allowed for the payment of a premium sufficient to keep the Policy in force. Notice of such premiums will be mailed to Your last known address. If such premium is not paid within the grace period, all coverage under this Policy will lapse without value at the end of the sixty-one (61) day period. If a claim by death becomes payable under this Policy, any overdue Monthly Deduction will be deducted from the Proceeds. If any monthly deductions have been deducted after the Insured's date of death, they will be refunded.



## PREMIUMS AND REINSTATEMENT - Continued

**5.10** However, during the Minimum Premium Period if the sum of the premiums paid less any partial surrenders and less any Policy Loans equals or exceeds the Minimum Monthly Premium shown on the Schedule Page multiplied by the number of months expired since the Issue Date, the Accumulation Value (instead of the Cash Surrender Value) less any Indebtedness must be sufficient to cover the monthly deduction.

**5.11** The amount of premium necessary to keep the Policy in force during the Minimum Premium Period is the greater of the Minimum Monthly Premium and the amount of the Monthly Deduction. After the Minimum Premium Period the amount of premium necessary to keep the Policy in force equals (a) divided by (b), where:

- a) Is the Monthly Deduction;
- b) 1 minus the premium expense charge.

### Reinstatement.

**5.12** Reinstatement means to place this Policy in

force after it terminates because it reached the end of a grace period. We will reinstate this Policy if We receive:

- a) Your Written Request within five (5) years after this Policy terminates at the end of a grace period;
- b) Satisfactory proof that the Insured is still insurable at the original Risk Class;
- c) Payment or reinstatement of any Indebtedness; and
- d) A premium large enough to cover the monthly deductions for three (3) months.

**5.13** If We approve Your Written Request for reinstatement on a Monthly Anniversary Date this Policy will again be in force on that day. If Our approval occurs on any other day this Policy will again be in force as of the prior Monthly Anniversary Date.

## POLICY VALUES

### Accumulation Value.

**6.01** On each Monthly Anniversary Date the Accumulation Value is the sum of (a) plus (b) plus (c) minus (d) minus (e) minus (f), where:

- a) Is the Accumulation Value on the preceding Monthly Anniversary Date;
- b) Is the interest for one (1) month on item (a);
- c) Is all net premiums received since the preceding Monthly Anniversary Date;
- d) Is the Monthly Deduction for the ensuing month;
- e) Is one (1) month's interest on item (d); and
- f) Is the sum of all partial surrenders since the preceding Monthly Anniversary Date (plus interest from date of each such partial surrender).

On the Issue Date the Accumulation Value is any net premium received by Us on or before the

Issue Date less the Monthly Deduction for the first Policy month.

On any other day the Accumulation Value is (a) plus (c) minus (d) minus (f).

### Interest Rate.

**6.02** The guaranteed minimum interest rate We will use to calculate the Accumulation Value is .24663% a month, compounded monthly. This is equivalent to 3.00% a year, compounded yearly.

### Monthly Deductions.

**6.03** The Monthly Deduction is (a) plus (b) plus (c) plus (d) where:

- a) Is the cost of insurance for this Policy and any riders attached to it;
- b) Is the monthly flat extra amount, if any, for this Policy shown on the Schedule Page;
- c) Is the monthly Policy fee; and
- d) Is the monthly per unit expense charge.

## POLICY VALUES - Continued

### Cost of Insurance.

**6.04** We calculate the cost of insurance for the ensuing month on the Issue Date and on each Monthly Anniversary Date. The cost of insurance is found by multiplying (a) times the result of (b) minus (c) where:

- a) Is cost of insurance rate shown on Page 12A divided by 1,000;
- b) Is the amount of insurance under the Death Benefit Option in effect divided by 1.0024663; and
- c) Is the Accumulation Value prior to the deduction of the cost of insurance.

**6.05** If the Death Benefit Option is Option A, and if there have been any increase to the Specified Amount, then the Accumulation Value shall be first considered a part of the initial Specified Amount. If the Accumulation Value exceeds the initial Specified Amount, it shall then be considered a part of the increases in Specified Amount in the order in which they occurred.

**6.06** We calculate the cost of insurance for benefits provided by any riders attached to this Policy as provided in those riders.

### Cost of Insurance Rates.

**6.07** The cost of insurance rate depends on the Insured's Risk Class. For each increase in Specified Amount We use the Risk Class applicable to the increase. When the insurance under Option A or Option B is a percentage of the Accumulation Value (see 4.03 (b) or 4.04 (b)) We will use the Risk Class applicable for the most recent increase that required proof of insurability. We may also charge a specified extra premium. Such charge may apply to the initial Specified Amount or any increase. The amount and cease date of any such extra flat premium will be shown on the Schedule Page.

**6.08** The guaranteed maximum monthly cost of insurance rates are found by multiplying (a) times (b) where:

- a) Is the monthly Cost of Insurance rates shown on Page 12 A; and
- b) Is the Underwriting Class percentage shown on the Schedule Page,

and adding the amount of any flat extra premium charge specified on the Schedule Page.

**6.09** Guaranteed maximum monthly cost of insurance rates are shown on Page 12A. We can use cost of insurance rates that are lower than these rates. The cost of insurance rates We use will apply to all Insureds of the same class.

**6.10** Monthly per unit expense charge is equal to (a) times (b) where:

- a) Is the specified amount divided by 1,000; and
- b) Is the monthly per unit Policy expense charge shown on Page 12R.

### Net Premium.

**6.11** The net premium is the premium paid less the premium expense charge. The premium expense charge shown on Page 12R is the guaranteed maximum charge. We can use premium expense charge rates that are lower than these guaranteed rates.

### Surrender.

**6.12** You may surrender this Policy on any Monthly Anniversary Date while the Insured is alive for the Accumulation Value minus the Surrender Charge minus any Indebtedness. We will require a Written Request. Surrender Charges are described on Pages 12B thru 12R.

**6.13** If You surrender this Policy within thirty (30) days after a Policy Anniversary, the Cash Surrender Value on that anniversary, plus any net premium paid, minus any Policy Loans or partial surrenders made on or after that anniversary.

## TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000 OF NET AMOUNT AT RISK

The table below shows the Guaranteed Maximum Monthly Cost of Insurance Rates We will charge based on the Insured's Risk Class. These rates must be multiplied by the Underwriting Class percentage shown on the Schedule Page.

On attaining Age 16, the Insured, if classified as Tobacco user, may apply for Non-Tobacco user risk classification. Reclassification will be granted if the Insured is then eligible for Non-Tobacco Risk Class under GPM Life's rules as of the Issue Date.

Attained Age	MALE		FEMALE		Attained Age	MALE		FEMALE	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0	0.06002		0.03501		50	0.28804	0.56037	0.24706	0.47647
1	0.03834	Not	0.02584	Not	51	0.31481	0.61159	0.27466	0.53183
2	0.02750		0.01917		52	0.34745	0.67377	0.30561	0.59143
3	0.02000	Appli-	0.01667	Appli-	53	0.38513	0.74863	0.33824	0.65612
4	0.01750		0.01583		54	0.43288	0.83788	0.37257	0.72507
5	0.01750	cable	0.01500	cable	55	0.48654	0.93314	0.41193	0.79829
6	0.01834		0.01583		56	0.54190	1.03189	0.45467	0.87664
7	0.01834	for	0.01750	for	57	0.59563	1.12316	0.49995	0.95591
8	0.01834		0.01750		58	0.64940	1.21030	0.54694	1.03864
9	0.01917	attained	0.01750	attained	59	0.71246	1.31280	0.59479	1.12738
10	0.02000		0.01834		60	0.78903	1.43921	0.64520	1.21961
11	0.02334	ages	0.02084	ages	61	0.88254	1.59389	0.70068	1.31958
12	0.02834		0.02250		62	0.99136	1.77191	0.75957	1.42562
13	0.03334	0 - 15	0.02584	0 - 15	63	1.11047	1.96316	0.82187	1.53436
14	0.04335		0.02834		64	1.23485	2.15488	0.89013	1.65176
15	0.05502		0.03001		65	1.36453	2.34279	0.96604	1.77873
16	0.06419	0.07170	0.03251	0.03584	66	1.49611	2.52513	1.04878	1.91701
17	0.07253	0.08588	0.03417	0.03918	67	1.63389	2.70963	1.14092	2.07094
18	0.07670	0.09506	0.03584	0.04251	68	1.77958	2.89889	1.24332	2.23977
19	0.07837	0.10257	0.03751	0.04668	69	1.94350	3.10771	1.35520	2.42616
20	0.07921	0.10841	0.03751	0.04918	70	2.13517	3.34755	1.48167	2.63715
21	0.07921	0.11342	0.03918	0.05252	71	2.36857	3.64316	1.62623	2.87380
22	0.07921	0.11926	0.04001	0.05502	72	2.64233	3.98816	1.78470	3.13201
23	0.08004	0.12510	0.04001	0.05752	73	2.93178	4.33735	1.95803	3.41459
24	0.08088	0.13178	0.04168	0.06086	74	3.24405	4.71735	2.15060	3.71134
25	0.08338	0.13929	0.04251	0.06586	75	3.58552	5.14198	2.36255	4.02415
26	0.08672	0.14681	0.04585	0.07003	76	3.97236	5.61555	2.59577	4.36380
27	0.08838	0.15098	0.04751	0.07420	77	4.42467	6.16691	2.85478	4.73153
28	0.08672	0.15182	0.05002	0.07921	78	4.95336	6.80411	3.13808	5.13040
29	0.08588	0.15098	0.05252	0.08421	79	5.55015	7.51177	3.45032	5.56179
30	0.08505	0.15015	0.05502	0.08922	80	6.22109	8.29273	3.83999	6.10285
31	0.08421	0.15098	0.05836	0.09589	81	6.95716	9.13132	4.32148	6.76953
32	0.08505	0.15349	0.06169	0.10257	82	7.74449	10.00372	4.83438	7.46219
33	0.08755	0.15850	0.06586	0.11091	83	8.61347	10.94457	5.37661	8.17591
34	0.08922	0.16434	0.07087	0.12176	84	9.59129	12.02241	5.98569	8.92620
35	0.09339	0.17102	0.07670	0.13261	85	10.69345	13.26261	6.60777	9.62620
36	0.09756	0.18105	0.08254	0.14347	86	11.92416	14.63048	7.34937	10.44315
37	0.10340	0.19274	0.08755	0.15265	87	13.27646	16.11092	8.27510	11.46858
38	0.11091	0.20694	0.09172	0.16184	88	14.74027	17.68481	9.26367	12.50868
39	0.11759	0.22282	0.09673	0.17186	89	16.30607	19.33695	10.26023	13.47256
40	0.12677	0.24205	0.10257	0.18272	90	17.89757	20.96678	11.00219	14.02590
41	0.13762	0.26546	0.10924	0.19525	91	19.49638	22.54981	11.71833	14.48266
42	0.15098	0.29306	0.11676	0.21112	92	21.20724	24.20857	12.92017	15.47853
43	0.16685	0.32569	0.12594	0.22867	93	23.05252	25.96113	14.57917	16.90997
44	0.18439	0.36252	0.13679	0.24957	94	25.04434	27.87491	16.69575	18.94988
45	0.20360	0.39937	0.14931	0.27382	95	27.06773	29.84960	19.06591	21.42649
46	0.22282	0.43623	0.16434	0.30226	96	29.09469	31.77084	21.47261	23.86020
47	0.23870	0.46725	0.18188	0.33741	97	31.31290	33.84758	23.07494	25.34029
48	0.25124	0.49073	0.20110	0.37927	98	33.74873	36.10016	23.95877	25.94136
49	0.26713	0.52093	0.22282	0.42618	99	36.43252	38.54896	25.82519	27.58357
					100	39.08352	40.90943	28.31934	29.86060

No Cost of Insurance will be deducted after Age 100.

## SURRENDER CHARGE CALCULATION

These factors are used during the first twenty (20) Policy years, and during the first twenty (20) Policy years after each increase in the Insured's Specified Amount. During that time, a Surrender Charge shall be deducted from the Accumulation Value if any of the following occurs: (a) the Policy is surrendered in full, (b) there is a partial surrender, or (c) to the extent the Specified Amount is decreased. Surrender Charge Factors per \$1,000 are based on issue Age or Age at increase, the Insured's sex, and tobacco use. Surrender Charge percentages vary by duration from issue or increase. To calculate the Surrender

Charge: (a) determine the initial Specified Amount or the amount of increase. Find the table of Surrender Charge Factors per \$1,000 that is applicable for the Insured's sex and tobacco use; (b) find the Surrender Charge factor per \$1,000 based on Age at issue or increase, Insured's sex and tobacco use and Policy duration; (c) find the appropriate percentage from the Surrender Charge Percentage Table based on Policy duration from issue or increase, (d) multiply the Surrender Charge factor from (b) by the appropriate percentage from (c); (e) multiply the result from (d) by the Specified Amount divided by 1,000.

SURRENDER CHARGE PERCENTAGE TABLE

Policy Year	Percentage
1	100%
2	100%
3	100%
4	100%
5	100%
6	100%
7	100%
8	100%
9	100%
10	100%
11	100%
12	100%
13	100%
14	100%
15	100%
16	80%
17	60%
18	40%
19	20%
20	0%

There is no Surrender Charge starting twenty (20) years after Policy issue or the date of any increase. Look at Paragraphs 3.06, 6.12, and 6.16 to find out how Surrender Charges are applied on surrender, partial surrender, or on any decrease in Specified Amount.

# **SURRENDER CHARGE CALCULATION - Continued**

## **SURRENDER CHARGE FACTORS PER \$1,000 SPECIFIED AMOUNT - Male Non-Tobacco**

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
0	14.67	14.62	14.57	14.51	14.45	14.39	14.32	14.25	14.19	14.12
1	14.80	14.74	14.68	14.62	14.56	14.49	14.43	14.36	14.29	14.21
2	14.94	14.88	14.82	14.76	14.69	14.62	14.55	14.48	14.41	14.33
3	15.10	15.03	14.97	14.90	14.83	14.76	14.69	14.61	14.54	14.46
4	15.26	15.19	15.13	15.06	14.98	14.91	14.83	14.76	14.68	14.60
5	15.43	15.36	15.29	15.22	15.14	15.07	14.99	14.91	14.83	14.74
6	15.61	15.54	15.47	15.39	15.31	15.23	15.15	15.06	14.98	14.90
7	15.80	15.72	15.64	15.56	15.48	15.40	15.31	15.23	15.14	15.06
8	15.99	15.91	15.83	15.75	15.66	15.58	15.49	15.40	15.31	15.22
9	16.19	16.11	16.02	15.94	15.85	15.76	15.67	15.58	15.49	15.40
10	16.40	16.31	16.23	16.14	16.05	15.96	15.86	15.77	15.68	15.58
11	16.62	16.53	16.44	16.34	16.25	16.16	16.06	15.97	15.87	15.76
12	16.84	16.75	16.65	16.56	16.46	16.37	16.27	16.17	16.06	15.96
13	17.07	16.98	16.88	16.78	16.68	16.58	16.48	16.37	16.26	16.15
14	17.31	17.21	17.11	17.01	16.91	16.80	16.70	16.58	16.47	16.35
15	17.55	17.45	17.35	17.25	17.14	17.03	16.91	16.80	16.67	16.55
16	17.80	17.70	17.59	17.48	17.37	17.25	17.13	17.01	16.88	16.75
17	18.05	17.95	17.83	17.72	17.60	17.48	17.35	17.22	17.09	16.95
18	18.31	18.20	18.08	17.96	17.83	17.71	17.57	17.44	17.30	17.15
19	18.58	18.46	18.34	18.21	18.08	17.94	17.80	17.66	17.51	17.36
20	18.86	18.73	18.60	18.46	18.33	18.18	18.04	17.89	17.73	17.58
21	19.14	19.01	18.87	18.73	18.59	18.44	18.29	18.13	17.96	17.80
22	19.45	19.31	19.16	19.01	18.86	18.70	18.54	18.37	18.20	18.02
23	19.76	19.61	19.46	19.30	19.14	18.98	18.81	18.63	18.45	18.26
24	20.09	19.93	19.77	19.61	19.44	19.27	19.08	18.90	18.71	18.51
25	20.43	20.27	20.10	19.93	19.75	19.56	19.37	19.17	18.97	18.76
26	20.79	20.62	20.44	20.26	20.07	19.87	19.67	19.46	19.25	19.03
27	21.16	20.98	20.79	20.60	20.40	20.19	19.97	19.76	19.53	19.30
28	21.55	21.36	21.16	20.95	20.74	20.52	20.29	20.06	19.82	19.58
29	21.96	21.75	21.54	21.32	21.10	20.87	20.63	20.38	20.13	19.88
30	22.39	22.17	21.95	21.71	21.48	21.23	20.98	20.72	20.46	20.19
31	22.84	22.61	22.37	22.12	21.87	21.61	21.35	21.07	20.80	20.51
32	23.31	23.07	22.81	22.55	22.29	22.01	21.73	21.45	21.15	20.85
33	23.81	23.55	23.28	23.01	22.72	22.43	22.14	21.85	21.52	21.21
34	24.34	24.06	23.77	23.48	23.18	22.87	22.56	22.24	21.91	21.58
35	24.88	24.59	24.29	23.98	23.66	23.34	23.00	22.67	22.32	21.97
36	25.46	25.15	24.83	24.50	24.16	23.82	23.47	23.11	22.75	22.38
37	26.07	25.74	25.39	25.05	24.69	24.33	23.96	23.58	23.19	22.80
38	26.70	26.35	25.99	25.62	25.24	24.86	24.47	24.07	23.66	23.24
39	27.37	27.00	26.61	26.22	25.82	25.41	25.00	24.58	24.15	23.70
40	28.07	27.67	27.27	26.85	26.43	26.00	25.56	25.11	24.65	24.18
41	28.81	28.39	27.95	27.51	27.07	26.61	26.14	25.66	25.17	24.67
42	29.59	29.14	28.68	28.21	27.73	27.25	26.75	26.24	25.72	25.19
43	30.40	29.92	29.44	28.94	28.43	27.91	27.38	26.83	26.28	25.72
44	31.26	30.75	30.23	29.70	29.16	28.60	28.03	27.45	26.87	26.27
45	32.16	31.62	31.06	30.49	29.91	29.32	28.71	28.10	27.48	26.85
46	33.10	32.52	31.93	31.32	30.70	30.06	29.42	28.77	28.11	27.45
47	34.09	33.47	32.83	32.18	31.52	30.84	30.16	29.47	28.77	28.07
48	35.14	34.47	33.78	33.09	32.38	31.66	30.94	30.21	29.47	28.72
49	36.25	35.53	34.80	34.05	33.30	32.54	31.77	30.99	30.21	29.41
50	37.43	36.66	35.87	35.08	34.28	33.47	32.65	31.82	30.98	30.14
51	38.68	37.85	37.01	36.17	35.31	34.45	33.58	32.69	31.80	30.90
52	40.01	39.12	38.23	37.32	36.41	35.49	34.56	33.61	32.66	31.71
53	41.41	40.47	39.51	38.55	37.57	36.58	35.58	34.57	33.56	32.56
54	42.91	41.89	40.87	39.83	38.79	37.73	36.66	35.59	34.52	33.45
55	44.48	43.40	42.30	41.18	40.06	38.92	37.79	36.65	35.52	34.39
56	46.14	44.98	43.79	42.59	41.39	40.18	38.97	37.77	36.57	35.37
57	47.90	46.64	45.36	44.08	42.79	41.51	40.23	38.95	37.67	36.38
58	49.76	48.40	47.03	45.66	44.29	42.92	41.55	40.19	38.82	37.45
59	51.75	50.28	48.82	47.35	45.89	44.43	42.97	41.50	40.03	38.56
60	53.87	52.30	50.73	49.16	47.59	46.03	44.46	42.89	41.31	39.72
61	56.13	54.45	52.77	51.09	49.41	47.72	46.04	44.34	42.64	40.94
62	58.19	56.40	54.60	52.81	51.01	49.20	47.39	45.57	43.76	41.95
63	58.14	56.29	54.44	52.59	50.73	48.86	46.98	45.11	43.25	41.42
64	58.09	56.18	54.26	52.34	50.41	48.48	46.55	44.63	42.74	40.87
65	58.02	56.05	54.06	52.07	50.07	48.08	46.10	44.14	42.21	40.30

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
0	14.04	13.97	13.90	13.82	13.74	13.66	13.59	13.51	13.42	13.34
1	14.14	14.06	13.99	13.91	13.83	13.75	13.67	13.59	13.50	13.41
2	14.25	14.17	14.10	14.02	13.94	13.85	13.77	13.68	13.60	13.50
3	14.38	14.30	14.22	14.14	14.05	13.97	13.88	13.79	13.70	13.60
4	14.51	14.43	14.35	14.27	14.18	14.09	14.00	13.91	13.81	13.71
5	14.66	14.57	14.49	14.40	14.31	14.22	14.12	14.03	13.92	13.82
6	14.81	14.72	14.63	14.54	14.45	14.35	14.25	14.15	14.04	13.93
7	14.97	14.88	14.78	14.69	14.59	14.49	14.38	14.28	14.17	14.05
8	15.13	15.04	14.94	14.84	14.74	14.63	14.52	14.41	14.29	14.17
9	15.30	15.20	15.10	15.00	14.89	14.78	14.66	14.54	14.42	14.30
10	15.48	15.37	15.27	15.16	15.04	14.93	14.81	14.68	14.56	14.43
11	15.66	15.55	15.44	15.32	15.20	15.08	14.96	14.83	14.69	14.56
12	15.84	15.73	15.61	15.49	15.37	15.24	15.11	14.97	14.83	14.69
13	16.03	15.91	15.79	15.66	15.53	15.40	15.26	15.12	14.97	14.82
14	16.23	16.10	15.97	15.84	15.70	15.56	15.42	15.27	15.11	14.95
15	16.42	16.29	16.15	16.02	15.87	15.72	15.57	15.41	15.25	15.08
16	16.62	16.48	16.33	16.19	16.04	15.88	15.72	15.55	15.38	15.21
17	16.81	16.66	16.51	16.36	16.20	16.04	15.87	15.69	15.51	15.33
18	17.01	16.85	16.69	16.53	16.36	16.19	16.01	15.83	15.64	15.45
19	17.21	17.04	16.88	16.71	16.53	16.35	16.16	15.97	15.77	15.57
20	17.41	17.24	17.06	16.88	16.70	16.51	16.31	16.11	15.91	15.70
21	17.62	17.44	17.26	17.07	16.87	16.67	16.47	16.26	16.04	15.82
22	17.84	17.65	17.46	17.26	17.06	16.85	16.63	16.41	16.19	15.96
23	18.07	17.87	17.67	17.46	17.24	17.02	16.80	16.57	16.33	16.09
24	18.30	18.10	17.88	17.66	17.44	17.21	16.97	16.73	16.48	16.23
25	18.55	18.33	18.10	17.87	17.64	17.40	17.15	16.90	16.64	16.38
26	18.80	18.57	18.33	18.09	17.84	17.59	17.33	17.07	16.80	16.52
27	19.06	18.82	18.57	18.31	18.05	17.79	17.52	17.24	16.96	16.67
28	19.33	19.08	18.81	18.55	18.27	17.99	17.71	17.42	17.13	16.83
29	19.61	19.34	19.07	18.79	18.50	18.21	17.91	17.61	17.30	16.99
30	19.91	19.63	19.34	19.04	18.74	18.44	18.13	17.81	17.48	17.15
31	20.22	19.92	19.62	19.31	18.99	18.67	18.34	18.01	17.67	17.31
32	20.54	20.23	19.91	19.59	19.26	18.92	18.57	18.22	17.86	17.49
33	20.88	20.55	20.22	19.88	19.53	19.17	18.81	18.43	18.05	17.67
34	21.24	20.89	20.54	20.18	19.81	19.43	19.05	18.65	18.25	17.85
35	21.61	21.25	20.87	20.49	20.10	19.70	19.29	18.88	18.46	18.04
36	22.00	21.61	21.22	20.81	20.40	19.98	19.55	19.12	18.68	18.24
37	22.40	21.99	21.57	21.14	20.71	20.26	19.82	19.36	18.90	18.44
38	22.82	22.38	21.94	21.49	21.03	20.56	20.09	19.62	19.14	18.65
39	23.25	22.79	22.32	21.84	21.36	20.87	20.38	19.88	19.38	18.87
40	23.70	23.21	22.71	22.21	21.70	21.19	20.67	20.15	19.62	19.08
41	24.16	23.65	23.12	22.59	22.06	21.52	20.98	20.42	19.87	19.30
42	24.65	24.10	23.55	22.99	22.43	21.86	21.29	20.71	20.12	19.53
43	25.15	24.57	23.99	23.41	22.81	22.21	21.61	21.00	20.38	19.77
44	25.67	25.06	24.45	23.83	23.21	22.57	21.93	21.29	20.65	20.01
45	26.21	25.57	24.92	24.27	23.61	22.94	22.27	21.60	20.93	20.27
46	26.77	26.10	25.41	24.72	24.02	23.31	22.61	21.92	21.22	20.52
47	27.36	26.64	25.91	25.18	24.44	23.71	22.98	22.24	21.51	20.78
48	27.97	27.20	26.43	25.66	24.89	24.12	23.35	22.59	21.82	21.05
49	28.61	27.80	26.99	26.18	25.37	24.56	23.75	22.94	22.13	21.32
50	29.28	28.43	27.58	26.72	25.87	25.02	24.17	23.32	22.46	21.59
51	30.00	29.10	28.20	27.30	26.40	25.50	24.60	23.70	22.79	21.88
52	30.75	29.80	28.86	27.91	26.96	26.00	25.04	24.08	23.12	22.17
53	31.55	30.55	29.54	28.54	27.53	26.51	25.50	24.48	23.47	22.48
54	32.39	31.32	30.26	29.19	28.11	27.03	25.95	24.89	23.83	22.79
55	33.26	32.13	30.99	29.85	28.70	27.56	26.42	25.30	24.20	23.10
56	34.16	32.95	31.74	30.52	29.30	28.10	26.91	25.73	24.56	23.41
57	35.10	33.80	32.51	31.21	29.92	28.66	27.40	26.16	24.93	23.73
58	36.07	34.68	33.30	31.93	30.57	29.24	27.91	26.60	25.31	24.05
59	37.08	35.60	34.14	32.69	31.26	29.84	28.44	27.06	25.71	24.40
60	38.14	36.57	35.02	33.49	31.97	30.47	28.99	27.55	26.14	24.78
61	39.25	37.59	35.94	34.32	32.71	31.12	29.57	28.06	26.59	25.19
62	40.17	38.42	36.68	34.96	33.26	31.60	29.99	28.42	26.92	25.47
63	39.61	37.81	36.04	34.29	32.58	30.92	29.30	27.75	26.26	24.82
64	39.02	37.19	35.39	33.62	31.90	30.24	28.64	27.10	25.61	24.18
65	38.41	36.55	34.72	32.95	31.23	29.58	27.99	26.45	24.97	23.56

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
66	57.95	55.90	53.84	51.78	49.71	47.66	45.64	43.65	41.67	39.72
67	57.87	55.74	53.60	51.46	49.34	47.25	45.18	43.14	41.12	39.12
68	57.78	55.57	53.35	51.15	48.99	46.84	44.72	42.63	40.56	38.53
69	57.69	55.39	53.11	50.86	48.63	46.43	44.26	42.11	40.01	37.96
70	57.60	55.23	52.89	50.57	48.29	46.02	43.79	41.60	39.48	37.42
71	57.52	55.08	52.67	50.29	47.93	45.61	43.33	41.12	38.97	36.91
72	57.45	54.94	52.45	49.99	47.57	45.19	42.88	40.65	38.50	36.42
73	57.37	54.77	52.21	49.67	47.19	44.78	42.45	40.20	38.04	35.95
74	57.28	54.59	51.95	49.35	46.83	44.39	42.04	39.78	37.60	35.50
75	57.18	54.41	51.69	49.05	46.50	44.03	41.66	39.38	37.18	35.08
76	57.09	54.24	51.46	48.78	46.20	43.71	41.32	39.01	36.80	34.70
77	57.00	54.09	51.27	48.55	45.94	43.42	41.00	38.68	36.47	34.39
78	56.93	53.96	51.10	48.35	45.70	43.15	40.71	38.39	36.20	34.14
79	56.87	53.86	50.96	48.16	45.48	42.90	40.46	38.15	35.98	33.94
80	56.82	53.76	50.81	47.98	45.26	42.68	40.24	37.95	35.81	33.79

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
66	37.79	35.90	34.07	32.29	30.58	28.94	27.35	25.82	24.36	22.97
67	37.17	35.27	33.43	31.66	29.96	28.32	26.73	25.22	23.78	22.43
68	36.56	34.66	32.82	31.06	29.35	27.71	26.15	24.66	23.25	21.93
69	35.98	34.08	32.24	30.48	28.78	27.15	25.60	24.14	22.76	21.48
70	35.44	33.53	31.69	29.92	28.23	26.62	25.10	23.67	22.33	21.07
71	34.92	33.01	31.17	29.40	27.73	26.14	24.66	23.26	21.95	20.70
72	34.43	32.50	30.67	28.92	27.27	25.71	24.26	22.89	21.58	20.30
73	33.94	32.02	30.20	28.47	26.85	25.33	23.91	22.54	21.20	19.84
74	33.49	31.58	29.78	28.08	26.49	25.00	23.57	22.17	20.75	19.29
75	33.08	31.19	29.41	27.75	26.19	24.69	23.22	21.74	20.21	18.57
76	32.72	30.86	29.11	27.47	25.90	24.36	22.81	21.20	19.48	17.51
77	32.43	30.60	28.87	27.22	25.60	23.97	22.28	20.48	18.40	15.83
78	32.21	30.39	28.66	26.95	25.23	23.46	21.55	19.37	16.66	13.06
79	32.03	30.20	28.40	26.59	24.72	22.71	20.41	17.56	13.76	8.33
80	31.86	29.96	28.05	26.08	23.96	21.53	18.52	14.52	8.78	0.00



## SURRENDER CHARGE CALCULATION - Continued

### SURRENDER CHARGE FACTORS PER \$1,000 SPECIFIED AMOUNT - Male Tobacco

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
0-15	----- NOT APPLICABLE -----									
16	19.53	19.38	19.24	19.10	18.95	18.79	18.64	18.48	18.31	18.15
17	19.85	19.70	19.56	19.40	19.25	19.09	18.92	18.76	18.58	18.41
18	20.18	20.03	19.87	19.71	19.55	19.38	19.21	19.04	18.86	18.67
19	20.52	20.36	20.20	20.03	19.86	19.68	19.50	19.32	19.13	18.94
20	20.88	20.71	20.54	20.36	20.18	20.00	19.81	19.61	19.42	19.21
21	21.24	21.07	20.88	20.70	20.51	20.32	20.12	19.92	19.71	19.49
22	21.62	21.44	21.25	21.05	20.86	20.65	20.44	20.23	20.00	19.77
23	22.02	21.82	21.62	21.42	21.21	21.00	20.77	20.54	20.31	20.06
24	22.43	22.22	22.01	21.80	21.58	21.35	21.11	20.87	20.62	20.36
25	22.86	22.64	22.42	22.19	21.96	21.71	21.46	21.21	20.94	20.67
26	23.30	23.07	22.84	22.60	22.35	22.09	21.82	21.55	21.27	20.99
27	23.76	23.52	23.27	23.01	22.75	22.48	22.20	21.91	21.61	21.31
28	24.24	23.99	23.72	23.45	23.17	22.88	22.58	22.28	21.97	21.65
29	24.75	24.47	24.19	23.90	23.60	23.30	22.98	22.66	22.33	22.00
30	25.28	24.99	24.69	24.38	24.07	23.74	23.41	23.07	22.72	22.37
31	25.84	25.53	25.21	24.89	24.55	24.21	23.86	23.50	23.13	22.76
32	26.43	26.10	25.77	25.42	25.06	24.70	24.33	23.95	23.57	23.17
33	27.06	26.71	26.35	25.98	25.60	25.22	24.83	24.43	24.02	23.61
34	27.72	27.34	26.96	26.57	26.17	25.76	25.35	24.93	24.50	24.07
35	28.41	28.01	27.60	27.19	26.77	26.34	25.90	25.46	25.01	24.55
36	29.14	28.71	28.28	27.84	27.40	26.94	26.48	26.01	25.54	25.06
37	29.90	29.45	29.00	28.53	28.06	27.57	27.09	26.60	26.10	25.60
38	30.71	30.23	29.74	29.25	28.75	28.24	27.73	27.21	26.69	26.16
39	31.56	31.05	30.53	30.01	29.48	28.95	28.41	27.86	27.30	26.73
40	32.45	31.91	31.36	30.81	30.25	29.69	29.11	28.53	27.94	27.33
41	33.38	32.81	32.23	31.65	31.06	30.46	29.85	29.23	28.60	27.96
42	34.37	33.76	33.15	32.53	31.91	31.27	30.62	29.96	29.28	28.60
43	35.40	34.76	34.11	33.46	32.79	32.11	31.41	30.70	29.99	29.27
44	36.49	35.80	35.12	34.41	33.70	32.97	32.23	31.48	30.72	29.96
45	37.62	36.89	36.16	35.40	34.64	33.86	33.07	32.28	31.48	30.69
46	38.80	38.03	37.24	36.43	35.61	34.78	33.95	33.11	32.28	31.44
47	40.04	39.21	38.36	37.50	36.62	35.75	34.87	33.99	33.11	32.23
48	41.35	40.45	39.54	38.62	37.70	36.77	35.84	34.92	33.99	33.07
49	42.74	41.78	40.81	39.83	38.85	37.87	36.89	35.91	34.94	33.95
50	44.22	43.19	42.16	41.12	40.08	39.05	38.02	36.98	35.94	34.89
51	45.80	44.70	43.60	42.50	41.40	40.31	39.21	38.10	36.99	35.88
52	47.47	46.30	45.13	43.97	42.80	41.64	40.46	39.28	38.10	36.94
53	49.23	47.99	46.75	45.52	44.28	43.03	41.77	40.52	39.28	38.06
54	51.10	49.78	48.46	47.14	45.81	44.48	43.14	41.82	40.53	39.25
55	53.05	51.65	50.24	48.83	47.40	45.98	44.58	43.19	41.83	40.49
56	55.10	53.60	52.09	50.57	49.05	47.55	46.08	44.63	43.20	41.78
57	57.25	55.63	54.01	52.39	50.79	49.21	47.66	46.14	44.62	43.11
58	58.30	56.60	54.91	53.23	51.57	49.95	48.35	46.76	45.18	43.59
59	58.25	56.50	54.77	53.07	51.40	49.75	48.12	46.49	44.86	43.22
60	58.20	56.42	54.67	52.95	51.25	49.56	47.89	46.21	44.52	42.83
61	58.16	56.36	54.58	52.83	51.10	49.36	47.63	45.89	44.15	42.41
62	58.13	56.30	54.50	52.71	50.92	49.13	47.34	45.54	43.74	41.96
63	58.11	56.24	54.40	52.55	50.71	48.86	47.00	45.14	43.31	41.50
64	58.07	56.16	54.26	52.36	50.45	48.53	46.61	44.72	42.85	41.01
65	58.02	56.06	54.09	52.12	50.14	48.16	46.20	44.27	42.37	40.48

## SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
0-15	----- NOT APPLICABLE -----									
16	17.98	17.80	17.62	17.43	17.24	17.04	16.84	16.63	16.41	16.19
17	18.23	18.04	17.85	17.66	17.45	17.24	17.03	16.81	16.58	16.35
18	18.48	18.29	18.09	17.88	17.66	17.44	17.22	16.98	16.75	16.50
19	18.74	18.53	18.32	18.10	17.87	17.64	17.40	17.16	16.91	16.66
20	19.00	18.78	18.55	18.32	18.09	17.84	17.59	17.34	17.08	16.81
21	19.26	19.03	18.79	18.55	18.30	18.05	17.78	17.52	17.24	16.97
22	19.54	19.29	19.04	18.78	18.52	18.25	17.98	17.70	17.42	17.13
23	19.81	19.56	19.29	19.02	18.75	18.47	18.18	17.89	17.59	17.29
24	20.10	19.83	19.55	19.27	18.98	18.68	18.38	18.08	17.77	17.45
25	20.39	20.11	19.82	19.52	19.22	18.91	18.59	18.27	17.95	17.63
26	20.69	20.39	20.09	19.77	19.46	19.13	18.81	18.47	18.14	17.80
27	21.00	20.69	20.36	20.04	19.70	19.37	19.03	18.68	18.33	17.98
28	21.32	20.99	20.65	20.31	19.96	19.61	19.25	18.89	18.53	18.16
29	21.66	21.31	20.95	20.60	20.23	19.87	19.50	19.12	18.74	18.35
30	22.01	21.64	21.27	20.90	20.52	20.14	19.75	19.36	18.95	18.54
31	22.38	22.00	21.61	21.22	20.82	20.42	20.02	19.60	19.17	18.74
32	22.78	22.38	21.97	21.56	21.15	20.72	20.29	19.85	19.41	18.95
33	23.19	22.77	22.35	21.92	21.48	21.03	20.58	20.12	19.65	19.18
34	23.63	23.19	22.75	22.29	21.83	21.35	20.87	20.39	19.90	19.41
35	24.10	23.63	23.16	22.68	22.19	21.69	21.18	20.67	20.17	19.66
36	24.58	24.09	23.59	23.08	22.56	22.03	21.51	20.98	20.45	19.92
37	25.09	24.57	24.03	23.49	22.95	22.40	21.84	21.29	20.74	20.20
38	25.61	25.06	24.49	23.92	23.35	22.77	22.20	21.63	21.06	20.48
39	26.16	25.57	24.97	24.37	23.77	23.17	22.58	21.98	21.38	20.78
40	26.72	26.10	25.47	24.84	24.22	23.59	22.97	22.34	21.71	21.08
41	27.31	26.65	25.99	25.34	24.68	24.03	23.38	22.72	22.05	21.39
42	27.91	27.23	26.54	25.86	25.17	24.49	23.80	23.10	22.41	21.72
43	28.55	27.83	27.11	26.39	25.68	24.95	24.22	23.50	22.78	22.07
44	29.21	28.46	27.70	26.95	26.19	25.42	24.66	23.91	23.17	22.44
45	29.90	29.11	28.31	27.51	26.71	25.91	25.12	24.34	23.57	22.82
46	30.61	29.78	28.94	28.09	27.25	26.42	25.60	24.79	24.00	23.21
47	31.36	30.47	29.58	28.70	27.82	26.95	26.11	25.27	24.44	23.61
48	32.13	31.20	30.26	29.34	28.43	27.53	26.65	25.77	24.90	24.03
49	32.96	31.97	31.00	30.03	29.09	28.15	27.23	26.31	25.38	24.46
50	33.84	32.81	31.79	30.79	29.80	28.82	27.85	26.87	25.89	24.90
51	34.79	33.71	32.64	31.60	30.56	29.52	28.49	27.45	26.40	25.36
52	35.79	34.67	33.55	32.45	31.35	30.25	29.15	28.04	26.93	25.84
53	36.86	35.68	34.51	33.34	32.17	31.00	29.82	28.64	27.48	26.33
54	37.99	36.74	35.50	34.25	33.00	31.75	30.49	29.25	28.03	26.83
55	39.16	37.83	36.51	35.17	33.84	32.50	31.18	29.88	28.59	27.32
56	40.36	38.95	37.52	36.10	34.67	33.26	31.87	30.50	29.15	27.81
57	41.60	40.08	38.55	37.03	35.52	34.04	32.58	31.13	29.70	28.30
58	42.00	40.40	38.81	37.23	35.68	34.14	32.62	31.13	29.66	28.22
59	41.58	39.94	38.31	36.71	35.13	33.57	32.03	30.52	29.04	27.61
60	41.14	39.46	37.82	36.19	34.58	32.99	31.43	29.91	28.44	27.02
61	40.68	38.98	37.31	35.65	34.01	32.41	30.84	29.32	27.86	26.45
62	40.21	38.48	36.77	35.09	33.43	31.81	30.24	28.73	27.29	25.90
63	39.72	37.95	36.21	34.50	32.83	31.21	29.65	28.16	26.73	25.34
64	39.19	37.39	35.62	33.90	32.23	30.62	29.08	27.60	26.17	24.78
65	38.63	36.80	35.02	33.29	31.63	30.04	28.51	27.03	25.60	24.23

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Tobacco - Continued

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
66	57.96	55.93	53.89	51.84	49.79	47.77	45.77	43.81	41.86	39.94
67	57.89	55.78	53.66	51.54	49.44	47.38	45.34	43.33	41.34	39.38
68	57.80	55.61	53.41	51.24	49.10	46.99	44.90	42.84	40.82	38.84
69	57.71	55.44	53.18	50.96	48.77	46.60	44.47	42.36	40.31	38.33
70	57.63	55.28	52.98	50.70	48.44	46.22	44.04	41.90	39.84	37.85
71	57.55	55.15	52.78	50.44	48.12	45.85	43.63	41.48	39.41	37.42
72	57.49	55.02	52.58	50.16	47.79	45.48	43.24	41.08	39.01	37.03
73	57.41	54.86	52.35	49.87	47.46	45.12	42.87	40.71	38.64	36.64
74	57.33	54.70	52.11	49.59	47.15	44.80	42.54	40.37	38.28	36.26
75	57.24	54.54	51.90	49.34	46.88	44.52	42.25	40.06	37.94	35.91
76	57.16	54.39	51.71	49.13	46.66	44.28	41.99	39.77	37.64	35.63
77	57.09	54.28	51.57	48.97	46.48	44.07	41.74	39.51	37.39	35.42
78	57.04	54.20	51.47	48.85	46.32	43.86	41.52	39.30	37.22	35.28
79	57.00	54.13	51.38	48.71	46.14	43.67	41.33	39.15	37.11	35.21
80	56.97	54.07	51.27	48.56	45.96	43.50	41.20	39.06	37.06	35.21

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Male Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
66	38.05	36.21	34.42	32.71	31.06	29.48	27.95	26.47	25.05	23.72
67	37.48	35.63	33.85	32.15	30.51	28.93	27.40	25.93	24.55	23.25
68	36.93	35.09	33.32	31.62	29.98	28.40	26.88	25.44	24.09	22.84
69	36.41	34.58	32.82	31.12	29.47	27.89	26.40	25.01	23.71	22.49
70	35.95	34.12	32.35	30.64	29.00	27.45	25.99	24.64	23.38	22.21
71	35.52	33.68	31.90	30.19	28.58	27.06	25.65	24.35	23.13	21.96
72	35.11	33.25	31.47	29.79	28.21	26.74	25.38	24.11	22.90	21.69
73	34.70	32.84	31.08	29.44	27.91	26.48	25.16	23.89	22.64	21.36
74	34.32	32.48	30.76	29.16	27.67	26.29	24.97	23.65	22.32	20.92
75	33.99	32.19	30.52	28.96	27.51	26.13	24.76	23.36	21.89	20.28
76	33.74	31.98	30.35	28.83	27.38	25.95	24.48	22.94	21.25	19.27
77	33.57	31.86	30.26	28.74	27.23	25.70	24.08	22.31	20.22	17.56
78	33.48	31.80	30.20	28.62	27.01	25.30	23.44	21.25	18.46	14.61
79	33.45	31.77	30.10	28.40	26.61	24.65	22.35	19.41	15.37	9.40
80	33.44	31.68	29.90	28.01	25.95	23.53	20.43	16.18	9.90	0.00

## SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Non-Tobacco

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
0	14.08	14.04	13.99	13.94	13.89	13.84	13.78	13.73	13.67	13.61
1	14.20	14.15	14.10	14.05	14.00	13.94	13.89	13.83	13.77	13.71
2	14.33	14.28	14.22	14.17	14.12	14.06	14.00	13.94	13.88	13.81
3	14.46	14.41	14.36	14.30	14.24	14.18	14.12	14.06	13.99	13.93
4	14.61	14.55	14.49	14.43	14.37	14.31	14.25	14.18	14.12	14.05
5	14.75	14.70	14.64	14.58	14.51	14.45	14.38	14.31	14.25	14.17
6	14.91	14.85	14.79	14.72	14.66	14.59	14.52	14.45	14.38	14.31
7	15.07	15.01	14.94	14.87	14.81	14.74	14.67	14.59	14.52	14.44
8	15.23	15.17	15.10	15.03	14.96	14.89	14.81	14.74	14.66	14.58
9	15.40	15.34	15.27	15.19	15.12	15.05	14.97	14.89	14.81	14.72
10	15.58	15.51	15.44	15.36	15.29	15.21	15.13	15.05	14.96	14.87
11	15.77	15.69	15.62	15.54	15.46	15.38	15.29	15.21	15.12	15.03
12	15.96	15.88	15.80	15.72	15.64	15.55	15.46	15.37	15.28	15.19
13	16.16	16.08	15.99	15.91	15.82	15.73	15.64	15.55	15.45	15.35
14	16.36	16.28	16.19	16.10	16.01	15.92	15.82	15.72	15.62	15.52
15	16.57	16.48	16.39	16.30	16.21	16.11	16.01	15.90	15.80	15.69
16	16.79	16.70	16.60	16.51	16.41	16.30	16.20	16.09	15.98	15.86
17	17.01	16.92	16.82	16.72	16.61	16.51	16.40	16.28	16.17	16.05
18	17.25	17.15	17.04	16.94	16.83	16.72	16.60	16.48	16.36	16.23
19	17.49	17.39	17.28	17.17	17.05	16.93	16.81	16.69	16.56	16.43
20	17.74	17.63	17.52	17.40	17.28	17.16	17.03	16.90	16.77	16.63
21	18.01	17.89	17.77	17.65	17.52	17.39	17.26	17.12	16.98	16.84
22	18.28	18.16	18.03	17.90	17.77	17.63	17.49	17.35	17.20	17.05
23	18.56	18.44	18.30	18.17	18.03	17.89	17.74	17.59	17.43	17.27
24	18.86	18.73	18.59	18.44	18.30	18.15	17.99	17.84	17.67	17.51
25	19.17	19.03	18.88	18.73	18.58	18.42	18.26	18.09	17.92	17.75
26	19.49	19.34	19.19	19.03	18.87	18.71	18.53	18.36	18.18	18.00
27	19.83	19.67	19.51	19.34	19.17	19.00	18.82	18.64	18.45	18.26
28	20.18	20.01	19.84	19.67	19.49	19.31	19.12	18.93	18.73	18.53
29	20.54	20.37	20.19	20.01	19.82	19.62	19.43	19.22	19.02	18.80
30	20.92	20.74	20.55	20.36	20.16	19.96	19.75	19.54	19.32	19.09
31	21.32	21.13	20.93	20.73	20.52	20.30	20.08	19.86	19.63	19.39
32	21.74	21.53	21.32	21.11	20.89	20.66	20.43	20.19	19.95	19.70
33	22.17	21.95	21.73	21.51	21.27	21.04	20.79	20.54	20.28	20.02
34	22.62	22.39	22.16	21.92	21.68	21.42	21.17	20.90	20.63	20.35
35	23.10	22.85	22.61	22.35	22.09	21.83	21.55	21.27	20.99	20.69
36	23.59	23.33	23.07	22.80	22.53	22.25	21.96	21.66	21.36	21.05
37	24.10	23.83	23.56	23.27	22.98	22.68	22.38	22.06	21.75	21.42
38	24.64	24.35	24.06	23.76	23.45	23.14	22.81	22.48	22.15	21.80
39	25.21	24.90	24.59	24.27	23.94	23.61	23.27	22.92	22.57	22.21
40	25.80	25.48	25.14	24.81	24.46	24.11	23.75	23.38	23.01	22.63
41	26.42	26.08	25.73	25.37	25.00	24.63	24.25	23.86	23.47	23.07
42	27.07	26.71	26.34	25.96	25.57	25.17	24.77	24.36	23.95	23.53
43	27.76	27.37	26.98	26.57	26.16	25.74	25.32	24.89	24.45	24.01
44	28.48	28.07	27.65	27.22	26.79	26.34	25.90	25.44	24.98	24.51
45	29.24	28.80	28.35	27.90	27.44	26.97	26.50	26.02	25.53	25.04
46	30.03	29.57	29.09	28.61	28.13	27.63	27.13	26.62	26.11	25.59
47	30.86	30.37	29.87	29.36	28.84	28.32	27.79	27.25	26.71	26.16
48	31.74	31.22	30.68	30.14	29.60	29.04	28.48	27.92	27.34	26.76
49	32.66	32.10	31.54	30.97	30.39	29.80	29.21	28.61	28.00	27.39
50	33.62	33.03	32.43	31.83	31.21	30.59	29.96	29.33	28.69	28.04
51	34.64	34.01	33.37	32.73	32.08	31.42	30.75	30.08	29.40	28.71
52	35.70	35.04	34.36	33.67	32.98	32.28	31.58	30.86	30.14	29.41
53	36.82	36.11	35.39	34.66	33.93	33.19	32.44	31.68	30.91	30.13
54	37.99	37.24	36.47	35.70	34.92	34.13	33.33	32.52	31.71	30.88
55	39.23	38.42	37.61	36.79	35.95	35.11	34.26	33.40	32.53	31.65
56	40.52	39.67	38.80	37.92	37.03	36.14	35.23	34.31	33.38	32.45
57	41.89	40.97	40.05	39.11	38.16	37.20	36.23	35.25	34.27	33.27
58	43.32	42.34	41.35	40.35	39.34	38.31	37.28	36.23	35.18	34.12
59	44.83	43.78	42.72	41.65	40.57	39.47	38.36	37.25	36.12	34.99
60	46.43	45.31	44.17	43.02	41.86	40.68	39.50	38.31	37.11	35.90
61	48.12	46.91	45.69	44.46	43.21	41.95	40.69	39.41	38.13	36.85
62	49.91	48.61	47.30	45.97	44.64	43.29	41.93	40.57	39.21	37.84
63	51.81	50.41	49.00	47.57	46.14	44.69	43.24	41.79	40.33	38.87
64	53.83	52.32	50.80	49.27	47.73	46.17	44.62	43.06	41.51	39.95
65	55.98	54.35	52.71	51.06	49.40	47.74	46.08	44.41	42.75	41.09

## SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
0	13.55	13.49	13.43	13.36	13.29	13.23	13.16	13.08	13.01	12.93
1	13.65	13.58	13.52	13.45	13.38	13.31	13.24	13.16	13.08	13.01
2	13.75	13.68	13.61	13.54	13.47	13.40	13.32	13.25	13.17	13.09
3	13.86	13.79	13.72	13.65	13.57	13.50	13.42	13.34	13.26	13.17
4	13.98	13.91	13.83	13.76	13.68	13.60	13.52	13.44	13.35	13.26
5	14.10	14.03	13.95	13.87	13.79	13.71	13.62	13.54	13.44	13.35
6	14.23	14.15	14.07	13.99	13.91	13.82	13.73	13.64	13.54	13.45
7	14.36	14.28	14.20	14.11	14.02	13.93	13.84	13.75	13.65	13.55
8	14.50	14.41	14.33	14.24	14.15	14.05	13.95	13.85	13.75	13.65
9	14.64	14.55	14.46	14.37	14.27	14.17	14.07	13.97	13.86	13.75
10	14.78	14.69	14.60	14.50	14.40	14.30	14.19	14.08	13.97	13.85
11	14.93	14.84	14.74	14.64	14.53	14.42	14.31	14.20	14.08	13.96
12	15.09	14.99	14.88	14.78	14.67	14.56	14.44	14.32	14.20	14.07
13	15.25	15.14	15.03	14.92	14.81	14.69	14.57	14.45	14.32	14.19
14	15.41	15.30	15.19	15.07	14.95	14.83	14.70	14.57	14.44	14.30
15	15.58	15.46	15.34	15.22	15.10	14.97	14.84	14.70	14.56	14.42
16	15.75	15.63	15.50	15.38	15.24	15.11	14.97	14.83	14.69	14.54
17	15.92	15.80	15.67	15.53	15.40	15.26	15.11	14.97	14.82	14.66
18	16.11	15.97	15.84	15.70	15.56	15.41	15.26	15.10	14.95	14.79
19	16.29	16.15	16.01	15.87	15.72	15.56	15.41	15.25	15.08	14.91
20	16.49	16.34	16.19	16.04	15.88	15.72	15.56	15.39	15.22	15.04
21	16.69	16.54	16.38	16.22	16.06	15.89	15.72	15.54	15.36	15.18
22	16.90	16.74	16.57	16.41	16.24	16.06	15.88	15.69	15.51	15.31
23	17.11	16.94	16.77	16.60	16.42	16.24	16.05	15.85	15.65	15.45
24	17.34	17.16	16.98	16.80	16.61	16.42	16.22	16.02	15.81	15.59
25	17.57	17.39	17.20	17.00	16.81	16.60	16.40	16.18	15.97	15.74
26	17.81	17.62	17.42	17.22	17.01	16.80	16.58	16.36	16.13	15.89
27	18.06	17.86	17.65	17.44	17.22	16.99	16.77	16.53	16.29	16.05
28	18.32	18.10	17.89	17.66	17.43	17.20	16.96	16.71	16.46	16.21
29	18.58	18.36	18.13	17.89	17.65	17.41	17.16	16.90	16.64	16.37
30	18.86	18.62	18.38	18.14	17.88	17.62	17.36	17.09	16.82	16.54
31	19.15	18.90	18.64	18.38	18.12	17.85	17.57	17.29	17.01	16.72
32	19.44	19.18	18.91	18.64	18.36	18.08	17.79	17.50	17.20	16.89
33	19.75	19.47	19.19	18.91	18.61	18.32	18.01	17.71	17.40	17.08
34	20.07	19.78	19.48	19.18	18.87	18.56	18.25	17.93	17.60	17.27
35	20.40	20.09	19.78	19.46	19.14	18.82	18.49	18.15	17.81	17.47
36	20.74	20.42	20.09	19.76	19.42	19.08	18.73	18.38	18.03	17.67
37	21.09	20.75	20.41	20.06	19.71	19.35	18.99	18.62	18.25	17.88
38	21.46	21.10	20.74	20.38	20.01	19.63	19.25	18.87	18.48	18.09
39	21.84	21.47	21.09	20.71	20.32	19.93	19.53	19.13	18.72	18.32
40	22.24	21.85	21.45	21.05	20.65	20.23	19.82	19.40	18.97	18.55
41	22.66	22.25	21.83	21.41	20.98	20.55	20.12	19.68	19.23	18.78
42	23.10	22.67	22.23	21.79	21.34	20.89	20.43	19.97	19.50	19.03
43	23.56	23.10	22.64	22.18	21.71	21.23	20.75	20.27	19.78	19.28
44	24.04	23.56	23.07	22.59	22.09	21.59	21.09	20.58	20.06	19.54
45	24.54	24.03	23.53	23.01	22.49	21.96	21.43	20.89	20.35	19.80
46	25.06	24.53	24.00	23.45	22.90	22.35	21.79	21.22	20.65	20.07
47	25.61	25.05	24.48	23.91	23.33	22.74	22.15	21.55	20.95	20.34
48	26.18	25.59	24.99	24.38	23.77	23.15	22.52	21.89	21.26	20.61
49	26.77	26.14	25.51	24.87	24.22	23.57	22.91	22.24	21.57	20.89
50	27.38	26.72	26.05	25.37	24.68	23.99	23.29	22.59	21.88	21.17
51	28.02	27.31	26.60	25.88	25.16	24.43	23.69	22.95	22.20	21.45
52	28.67	27.93	27.17	26.41	25.64	24.87	24.09	23.31	22.52	21.74
53	29.35	28.56	27.75	26.95	26.13	25.32	24.49	23.67	22.84	22.02
54	30.04	29.20	28.35	27.50	26.64	25.77	24.90	24.03	23.17	22.30
55	30.76	29.87	28.97	28.06	27.15	26.23	25.32	24.40	23.49	22.58
56	31.50	30.55	29.60	28.64	27.67	26.71	25.74	24.78	23.82	22.86
57	32.27	31.26	30.24	29.22	28.20	27.18	26.16	25.15	24.14	23.13
58	33.05	31.97	30.90	29.82	28.74	27.67	26.59	25.52	24.46	23.40
59	33.86	32.72	31.57	30.43	29.29	28.16	27.02	25.90	24.77	23.66
60	34.69	33.48	32.27	31.06	29.86	28.66	27.46	26.27	25.09	23.91
61	35.56	34.28	33.00	31.72	30.44	29.17	27.90	26.65	25.40	24.17
62	36.47	35.10	33.74	32.38	31.03	29.69	28.35	27.02	25.71	24.44
63	37.42	35.96	34.52	33.07	31.64	30.22	28.80	27.41	26.05	24.73
64	38.40	36.86	35.32	33.79	32.27	30.75	29.26	27.82	26.41	25.04
65	39.44	37.79	36.15	34.52	32.90	31.31	29.76	28.26	26.79	25.36

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
66	58.25	56.49	54.72	52.95	51.16	49.38	47.59	45.81	44.03	42.26
67	58.18	56.36	54.53	52.70	50.86	49.02	47.18	45.35	43.53	41.71
68	58.12	56.23	54.34	52.44	50.55	48.65	46.76	44.88	43.01	41.15
69	58.05	56.09	54.13	52.18	50.22	48.28	46.33	44.40	42.47	40.56
70	57.97	55.95	53.93	51.91	49.90	47.89	45.89	43.90	41.92	39.96
71	57.90	55.81	53.72	51.64	49.56	47.49	45.43	43.38	41.35	39.35
72	57.83	55.66	53.50	51.35	49.21	47.07	44.95	42.84	40.77	38.76
73	57.75	55.51	53.27	51.05	48.84	46.64	44.45	42.30	40.21	38.18
74	57.67	55.35	53.04	50.74	48.45	46.18	43.95	41.77	39.66	37.60
75	57.58	55.18	52.79	50.41	48.04	45.72	43.46	41.26	39.12	37.03
76	57.49	55.00	52.52	50.06	47.64	45.28	42.99	40.76	38.58	36.44
77	57.40	54.81	52.24	49.71	47.26	44.87	42.53	40.26	38.03	35.86
78	57.29	54.61	51.96	49.40	46.90	44.46	42.09	39.75	37.48	35.32
79	57.18	54.41	51.73	49.11	46.56	44.07	41.63	39.25	36.98	34.81
80	57.09	54.27	51.53	48.85	46.24	43.68	41.18	38.80	36.52	34.31

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Non-Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
66	40.50	38.74	37.00	35.26	33.56	31.90	30.29	28.71	27.18	25.67
67	39.90	38.11	36.32	34.56	32.85	31.19	29.57	27.99	26.44	24.93
68	39.29	37.45	35.64	33.88	32.16	30.49	28.86	27.26	25.71	24.22
69	38.66	36.79	34.97	33.20	31.48	29.80	28.14	26.54	25.00	23.53
70	38.02	36.15	34.32	32.53	30.80	29.09	27.43	25.84	24.32	22.85
71	37.41	35.51	33.67	31.87	30.10	28.38	26.74	25.17	23.64	22.06
72	36.80	34.88	33.02	31.19	29.41	27.71	26.08	24.50	22.85	21.10
73	36.19	34.26	32.36	30.51	28.75	27.06	25.42	23.71	21.89	20.02
74	35.59	33.62	31.70	29.87	28.11	26.41	24.63	22.75	20.80	18.84
75	34.98	32.98	31.07	29.25	27.47	25.63	23.66	21.64	19.60	17.52
76	34.36	32.38	30.47	28.62	26.70	24.66	22.55	20.42	18.25	15.98
77	33.79	31.80	29.87	27.87	25.73	23.53	21.31	19.05	16.67	13.99
78	33.24	31.22	29.13	26.90	24.60	22.27	19.91	17.43	14.63	11.11
79	32.70	30.50	28.17	25.76	23.32	20.85	18.25	15.32	11.64	6.72
80	32.00	29.55	27.03	24.47	21.88	19.15	16.07	12.21	7.05	0.00



## SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Tobacco

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
0-15	----- NOT APPLICABLE -----									
16	18.35	18.23	18.10	17.97	17.84	17.70	17.56	17.42	17.27	17.12
17	18.64	18.51	18.38	18.24	18.10	17.96	17.81	17.66	17.51	17.35
18	18.95	18.81	18.67	18.53	18.38	18.23	18.07	17.91	17.75	17.58
19	19.26	19.12	18.97	18.82	18.66	18.50	18.34	18.17	18.00	17.83
20	19.58	19.43	19.28	19.12	18.96	18.79	18.62	18.44	18.27	18.08
21	19.92	19.76	19.60	19.43	19.26	19.09	18.91	18.72	18.54	18.34
22	20.27	20.11	19.94	19.76	19.58	19.40	19.21	19.01	18.82	18.61
23	20.64	20.46	20.28	20.10	19.91	19.72	19.52	19.31	19.11	18.89
24	21.02	20.84	20.65	20.45	20.26	20.05	19.84	19.63	19.41	19.18
25	21.42	21.23	21.03	20.82	20.61	20.40	20.18	19.95	19.72	19.49
26	21.84	21.63	21.42	21.21	20.98	20.76	20.53	20.29	20.05	19.80
27	22.27	22.05	21.83	21.60	21.37	21.13	20.89	20.64	20.38	20.13
28	22.72	22.49	22.26	22.02	21.77	21.52	21.27	21.00	20.74	20.46
29	23.20	22.95	22.71	22.45	22.19	21.93	21.66	21.38	21.10	20.81
30	23.69	23.43	23.17	22.90	22.63	22.35	22.07	21.78	21.48	21.17
31	24.21	23.94	23.66	23.38	23.09	22.79	22.49	22.19	21.87	21.55
32	24.75	24.46	24.17	23.87	23.57	23.25	22.94	22.61	22.28	21.94
33	25.31	25.01	24.70	24.39	24.06	23.73	23.40	23.05	22.70	22.34
34	25.90	25.58	25.26	24.92	24.58	24.23	23.87	23.51	23.14	22.76
35	26.52	26.18	25.83	25.48	25.12	24.75	24.37	23.98	23.59	23.19
36	27.16	26.80	26.44	26.06	25.68	25.28	24.88	24.47	24.06	23.63
37	27.84	27.45	27.06	26.66	26.26	25.84	25.42	24.98	24.54	24.10
38	28.54	28.14	27.72	27.30	26.86	26.42	25.97	25.52	25.05	24.58
39	29.29	28.85	28.41	27.96	27.50	27.03	26.56	26.07	25.59	25.09
40	30.07	29.61	29.14	28.66	28.17	27.67	27.17	26.66	26.15	25.63
41	30.89	30.40	29.90	29.39	28.87	28.35	27.82	27.28	26.74	26.20
42	31.76	31.23	30.70	30.16	29.61	29.06	28.50	27.94	27.37	26.80
43	32.67	32.11	31.55	30.97	30.39	29.81	29.22	28.63	28.03	27.44
44	33.63	33.04	32.44	31.83	31.22	30.60	29.98	29.36	28.73	28.10
45	34.64	34.01	33.37	32.73	32.08	31.43	30.78	30.13	29.47	28.81
46	35.70	35.03	34.36	33.68	33.00	32.31	31.63	30.94	30.24	29.55
47	36.82	36.11	35.40	34.68	33.96	33.24	32.52	31.79	31.06	30.33
48	38.00	37.25	36.49	35.74	34.98	34.21	33.45	32.68	31.92	31.15
49	39.23	38.44	37.64	36.84	36.03	35.23	34.42	33.62	32.81	32.00
50	40.52	39.68	38.84	37.99	37.14	36.29	35.44	34.59	33.73	32.88
51	41.88	40.98	40.09	39.19	38.30	37.40	36.50	35.60	34.69	33.79
52	43.29	42.34	41.40	40.45	39.50	38.55	37.60	36.65	35.69	34.73
53	44.77	43.77	42.77	41.77	40.76	39.75	38.74	37.73	36.72	35.70
54	46.32	45.26	44.20	43.14	42.07	41.00	39.93	38.86	37.78	36.70
55	47.94	46.82	45.69	44.56	43.43	42.30	41.16	40.02	38.88	37.73
56	49.64	48.44	47.25	46.05	44.85	43.64	42.43	41.22	40.01	38.79
57	51.42	50.15	48.87	47.60	46.32	45.04	43.75	42.46	41.17	39.88
58	53.28	51.93	50.57	49.22	47.85	46.49	45.12	43.75	42.37	41.00
59	55.25	53.80	52.36	50.91	49.46	48.00	46.54	45.08	43.62	42.17
60	57.31	55.77	54.23	52.68	51.13	49.58	48.02	46.47	44.92	43.37
61	58.38	56.77	55.15	53.52	51.90	50.27	48.64	47.02	45.40	43.80
62	58.34	56.67	55.00	53.33	51.66	49.98	48.32	46.65	45.01	43.38
63	58.28	56.57	54.85	53.13	51.41	49.69	47.98	46.29	44.61	42.96
64	58.23	56.46	54.69	52.92	51.15	49.39	47.65	45.92	44.22	42.54
65	58.17	56.34	54.52	52.70	50.89	49.09	47.31	45.56	43.83	42.13

## SURRENDER CHARGE CALCULATION - Continued

### SURRENDER CHARGE FACTORS PER \$1,000 SPECIFIED AMOUNT - Female Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
0-15	----- NOT APPLICABLE -----									
16	16.96	16.80	16.64	16.47	16.30	16.12	15.94	15.76	15.57	15.38
17	17.18	17.02	16.84	16.67	16.49	16.30	16.12	15.92	15.73	15.53
18	17.41	17.24	17.06	16.87	16.68	16.49	16.30	16.09	15.89	15.68
19	17.65	17.46	17.28	17.08	16.89	16.68	16.48	16.27	16.05	15.83
20	17.89	17.70	17.50	17.30	17.09	16.88	16.67	16.45	16.22	15.99
21	18.14	17.94	17.73	17.52	17.31	17.09	16.86	16.63	16.39	16.15
22	18.40	18.19	17.98	17.75	17.53	17.30	17.06	16.82	16.57	16.31
23	18.67	18.45	18.22	17.99	17.75	17.51	17.26	17.01	16.75	16.48
24	18.96	18.72	18.48	18.24	17.99	17.73	17.47	17.20	16.93	16.65
25	19.25	19.00	18.75	18.49	18.23	17.96	17.69	17.41	17.12	16.83
26	19.55	19.29	19.03	18.75	18.48	18.20	17.91	17.61	17.31	17.01
27	19.86	19.59	19.31	19.02	18.73	18.44	18.13	17.82	17.51	17.19
28	20.18	19.89	19.60	19.30	18.99	18.68	18.36	18.04	17.71	17.38
29	20.52	20.21	19.90	19.59	19.27	18.94	18.60	18.27	17.92	17.58
30	20.86	20.54	20.21	19.88	19.54	19.20	18.85	18.50	18.14	17.78
31	21.22	20.88	20.54	20.19	19.83	19.47	19.11	18.74	18.37	18.00
32	21.59	21.23	20.87	20.50	20.13	19.75	19.37	18.99	18.61	18.22
33	21.97	21.60	21.22	20.83	20.44	20.05	19.65	19.25	18.85	18.45
34	22.37	21.97	21.57	21.17	20.76	20.35	19.94	19.53	19.11	18.69
35	22.78	22.36	21.95	21.52	21.10	20.67	20.24	19.81	19.38	18.94
36	23.20	22.77	22.33	21.89	21.45	21.00	20.55	20.10	19.66	19.21
37	23.65	23.19	22.73	22.27	21.81	21.34	20.88	20.41	19.95	19.48
38	24.11	23.63	23.15	22.67	22.19	21.71	21.22	20.74	20.25	19.76
39	24.60	24.10	23.60	23.10	22.59	22.09	21.58	21.08	20.57	20.06
40	25.11	24.59	24.07	23.54	23.02	22.49	21.96	21.43	20.91	20.37
41	25.66	25.11	24.56	24.01	23.46	22.91	22.36	21.81	21.26	20.70
42	26.23	25.66	25.09	24.51	23.94	23.36	22.78	22.21	21.63	21.04
43	26.84	26.24	25.64	25.04	24.43	23.83	23.23	22.62	22.01	21.40
44	27.48	26.85	26.22	25.59	24.96	24.32	23.69	23.05	22.41	21.77
45	28.15	27.49	26.83	26.17	25.50	24.84	24.17	23.50	22.83	22.16
46	28.86	28.17	27.47	26.77	26.07	25.37	24.67	23.97	23.26	22.55
47	29.60	28.87	28.14	27.40	26.67	25.93	25.19	24.45	23.71	22.96
48	30.38	29.61	28.84	28.06	27.28	26.51	25.73	24.94	24.16	23.38
49	31.19	30.37	29.55	28.74	27.92	27.10	26.27	25.45	24.62	23.80
50	32.02	31.16	30.30	29.43	28.57	27.70	26.83	25.96	25.09	24.23
51	32.88	31.97	31.06	30.14	29.23	28.31	27.39	26.48	25.57	24.67
52	33.77	32.81	31.84	30.87	29.90	28.93	27.97	27.01	26.05	25.11
53	34.68	33.66	32.64	31.61	30.59	29.57	28.55	27.55	26.55	25.56
54	35.62	34.54	33.46	32.37	31.29	30.22	29.15	28.09	27.05	26.03
55	36.59	35.44	34.29	33.15	32.01	30.88	29.76	28.66	27.57	26.50
56	37.57	36.36	35.14	33.94	32.74	31.55	30.38	29.23	28.09	26.97
57	38.59	37.30	36.02	34.75	33.49	32.25	31.02	29.82	28.63	27.45
58	39.63	38.27	36.92	35.58	34.26	32.96	31.68	30.42	29.17	27.93
59	40.72	39.28	37.86	36.45	35.07	33.71	32.36	31.03	29.71	28.42
60	41.84	40.33	38.83	37.36	35.91	34.47	33.05	31.65	30.27	28.90
61	42.21	40.65	39.11	37.59	36.08	34.60	33.13	31.69	30.26	28.87
62	41.77	40.19	38.62	37.08	35.55	34.05	32.56	31.09	29.67	28.31
63	41.33	39.72	38.13	36.56	35.02	33.49	31.98	30.51	29.12	27.79
64	40.89	39.25	37.64	36.04	34.47	32.92	31.41	29.97	28.60	27.29
65	40.44	38.78	37.14	35.52	33.92	32.36	30.88	29.47	28.12	26.83

# **SURRENDER CHARGE CALCULATION - Continued**

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Tobacco - Continued

Age at Issue or Increase	Policy Year									
	1	2	3	4	5	6	7	8	9	10
66	58.11	56.23	54.35	52.49	50.63	48.80	46.99	45.21	43.45	41.71
67	58.05	56.12	54.19	52.27	50.38	48.51	46.67	44.86	43.06	41.29
68	57.99	56.00	54.02	52.07	50.14	48.23	46.36	44.51	42.68	40.87
69	57.93	55.89	53.86	51.87	49.90	47.96	46.04	44.15	42.28	40.43
70	57.88	55.78	53.71	51.68	49.67	47.68	45.72	43.78	41.87	39.98
71	57.82	55.68	53.57	51.49	49.43	47.39	45.39	43.41	41.45	39.55
72	57.77	55.58	53.42	51.28	49.17	47.09	45.04	43.00	41.03	39.16
73	57.72	55.48	53.26	51.07	48.90	46.77	44.66	42.61	40.67	38.81
74	57.66	55.36	53.08	50.83	48.61	46.42	44.29	42.27	40.34	38.49
75	57.60	55.23	52.89	50.58	48.30	46.08	43.98	41.97	40.05	38.21
76	57.53	55.09	52.69	50.31	48.00	45.81	43.72	41.72	39.80	37.92
77	57.45	54.95	52.47	50.06	47.77	45.59	43.51	41.51	39.54	37.63
78	57.38	54.79	52.28	49.89	47.61	45.43	43.34	41.29	39.30	37.43
79	57.29	54.66	52.16	49.78	47.51	45.32	43.18	41.09	39.14	37.28
80	57.24	54.63	52.14	49.75	47.46	45.22	43.03	40.99	39.05	37.15

### SURRENDER CHARGE CALCULATION - Continued

SURRENDER CHARGE FACTORS PER \$1,000  
SPECIFIED AMOUNT - Female Tobacco - Continued

Age at Issue or Increase	Policy Year									
	11	12	13	14	15	16	17	18	19	20
66	40.00	38.30	36.63	34.98	33.37	31.85	30.40	29.01	27.67	26.36
67	39.54	37.82	36.11	34.46	32.88	31.38	29.95	28.57	27.22	25.90
68	39.08	37.32	35.61	33.98	32.43	30.95	29.52	28.13	26.77	25.50
69	38.61	36.84	35.16	33.55	32.02	30.54	29.10	27.69	26.38	25.13
70	38.15	36.41	34.75	33.16	31.63	30.13	28.68	27.31	26.02	24.76
71	37.74	36.02	34.37	32.79	31.24	29.73	28.32	26.97	25.66	24.24
72	37.37	35.66	34.02	32.41	30.85	29.38	27.99	26.63	25.15	23.47
73	37.03	35.33	33.66	32.03	30.51	29.07	27.65	26.11	24.37	22.50
74	36.72	34.98	33.30	31.71	30.21	28.74	27.14	25.33	23.39	21.34
75	36.40	34.64	33.00	31.43	29.90	28.24	26.36	24.34	22.21	20.00
76	36.09	34.37	32.74	31.15	29.42	27.46	25.35	23.13	20.83	18.39
77	35.84	34.15	32.49	30.68	28.63	26.44	24.12	21.73	19.18	16.26
78	35.66	33.92	32.04	29.90	27.61	25.19	22.69	20.03	16.98	13.04
79	35.47	33.50	31.26	28.87	26.34	23.72	20.95	17.76	13.63	7.95
80	35.08	32.74	30.23	27.59	24.84	21.93	18.60	14.28	8.33	0.00

### TABLE OF GUARANTEED MAXIMUM CHARGES AND FEES

Maximum Monthly Per Unit Expense Charge: \$0.15

Maximum Premium Expense Charge: 7.5%

Maximum Monthly Policy Fee: \$6.00

See paragraphs 6.01(c) and (d), 6.03(c) and (d), 6.10, and 6.11 to see how these charges and fees are defined and used to compute Policy values.

## **POLICY VALUES - Continued**

### **Partial Surrender.**

**6.14** On any Monthly Anniversary Date while the Insured is still alive You may make a partial surrender. The amount of the partial surrender cannot exceed the amount You would receive if You surrendered this Policy. Also, if the then Death Benefit Option is Option A, the amount of the partial surrender cannot exceed an amount which would reduce the Specified Amount below the Minimum Specified Amount.

**6.15** We will decrease Your Accumulation Value by the amount of the partial surrender. We will require a Written Request.

**6.16** A \$25.00 processing fee will be charged on each partial surrender. Also, a pro rata Surrender Charge will be deducted from the Accumulation Value at time of any partial surrender. Both the processing fee and the Surrender Charge will not apply once the Insured is older than Age 100.

### **Participation.**

**6.17** While this Policy is in force it will share in Our divisible surplus to the extent that We may provide. We do not expect any dividends to be

apportioned to this Policy. The share to be apportioned to this Policy, if any, will be determined annually by Us and credited as a dividend. Dividends, if any, will be payable at the end of each Policy year.

**6.18** You may elect that any dividends that become payable be paid in cash or applied under any other method mutually agreed to by You and Us. If no election is made, any dividends will be paid in cash.

### **Basis for Calculation.**

**6.19** We have filed in the state where this Policy is delivered a detailed statement showing how Policy benefits and reserves are calculated. All values are at least as great as the values required by that state.

**6.20** See Page 4 for information used in calculating the minimum Cash Surrender Values.

**6.21** We reserve the right to defer payment of any values payable under this Policy for six (6) months after We receive Your Written Request.

**6.22** If the Insured is alive on the Maturity Date, We will pay the Cash Surrender Value and this Policy will terminate. Reserves will be held equal to the Accumulation Value at Age 100, plus interest credited to the date of death.

## **LOAN PROVISIONS**

### **Policy Loans.**

**7.01** On the sole security of this Policy, You may borrow from Us at any time while this Policy is in force. The amount You can borrow is an amount that does not exceed the Accumulation Value minus any Surrender Charge plus any dividends as of the date You request the loan. We will deduct any Indebtedness that already exists under this Policy from the amount You can borrow. We will require a Written Request. We will have the right to defer a loan for up to six (6) months after application for a loan is made.

### **Loan Interest Rate.**

**7.02** Loans shall bear interest at the rate shown on Page 4. You must pay the interest in advance each year, except at the time the loan is made. At that time, the interest to the next Policy Anniversary will be deducted from the loan amount You receive. Interest not paid when due will be added to the loan and will bear interest.

## **LOAN PROVISIONS - Continued**

**7.03** If You do not repay any Indebtedness under this Policy, this Policy will terminate when the monthly deduction is greater than (a) minus (b) minus (c) where:

- a) Is the Accumulation Value;
- b) Is any Surrender Charge; and
- c) Is the Indebtedness.

**7.04** The effective date that this Policy will so terminate will be sixty-two (62) days after We mail a notice to the last known address of You and any assignee recorded in Our records.

## **SETTLEMENT PROVISIONS**

### **When Can Settlement Options Be Used?**

**8.01** We will pay all or part of the Proceeds of this Policy under any of the Settlement Options below. However, payment is subject to any assignment You made on the Proceeds. You may elect or change any one of these options at any time while the Insured is alive. But You must tell Us at Our Home Office of the choice or change in writing.

**8.02** At the time of the Insured's death, the Beneficiary can elect one of the Settlement Options if You have not done so.

### **A Settlement Agreement is Required.**

**8.03** When the Proceeds become payable, We may require that You send Us this Policy. We will prepare a settlement agreement and send it to the Payee. It will set forth the rights and the benefits of the Payee under this Policy.

### **Who May Receive Settlement Payments?**

**8.04** The person(s) who will benefit under an option will be the Payee(s). Normally a Payee must be a natural person taking in His own right. Exceptions must have Our consent to be named Payees.

### **Proof That Payee is Alive.**

**8.05** Before We make payment under any option, We may require proof that Payee is alive. If We require proof, then no payment is due until proof is received in Our Home Office.

## SETTLEMENT PROVISIONS - Continued

### When Are Installments Paid?

**8.06** We will make the first payment under Option 1, 2, 3, 5, or 6 just as soon as We have approved the claim for settlement. The rest of the installments will be paid according to the type of payment selected.

### What if Payee Dies?

**8.07** If the Payee (surviving Payee under Option 5 or 6) dies before He receives all guaranteed installments under Option 1, 2, 3, or 5, We will pay His estate in cash the commuted value of the unpaid installments. Any other type of payment must be approved by Us. In computing the value, We will use an interest rate of 2.0% compounded each year.

### Is There Protection Against Creditors?

**8.08** The Proceeds of payments due or to become due under an option may not be assigned. Unless provided in the election, the Proceeds may not be encumbered, alienated, anticipated, or commuted. They may not be withdrawn, except as provided in Option 4. To the extent allowed by law, the Proceeds not yet paid under an option will not be subject to the Payee's debts, Policy's or engagements. They will not be subject to any court process to levy upon or attach the Proceeds for their payments.

### Excess Interest or Income Dividend.

**8.09** Any amount held by Us under Option 3 or 4 shall earn interest at a rate set by Us (2.0% or more per year). Any guaranteed installment payments under Options 1, 2, 5, and 6 shall be increased by any Income Dividend that We declare.

### What Options May Be Elected?

#### Option 1. Guaranteed Installments for a Fixed Period.

**8.10** For each \$1,000 due, We will pay the Proceeds in equal monthly installments over a period of from 5 to 30 years. The installments will be as shown in the following table. The guaranteed interest rate is 2.0%.

**Option 1. Table**

Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
5	\$17.49	20	\$5.04
6	14.72	21	4.85
7	12.74	22	4.67
8	11.25	23	4.51
9	10.10	24	4.36
10	9.18	25	4.22
11	8.42	26	4.10
12	7.80	27	3.98
13	7.26	28	3.87
14	6.81	29	3.77
15	6.42	30	3.68
16	6.07		
17	5.77		
18	5.50		
19	5.26		

#### Option 2. Life Income.

**8.11** We will pay the Proceeds in equal monthly installments in any one of two ways:

- (1) We will pay during the life of the Payee (Life Annuity) if He is not less than Attained Age 50 when the payments begin.
- (2) We will pay over a period of 10 or 20 years certain. Then We will pay during the rest of the life of the Payee.

The amount of each installment depends on the Attained Age and sex of the Payee when the first installment is due. We will compute the installment for each \$1,000 due from the following table. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

**Option 2. Table**

MONTHLY INSTALLMENTS PAYABLE					
Life Annuity		10 Years Certain and Life		20 Years Certain and Life	
Male	Female	Male	Female	Male	Female
(Not available under age 50)				Age of Payee	
				Under 15	\$2.26 \$2.20
		\$2.27 \$2.28	\$2.20 \$2.21	15	2.28 2.21
		2.30 2.32	2.23 2.24	16	2.29 2.23
		2.33 2.35	2.26 2.27	17	2.31 2.24
		2.37 2.29	2.27 2.29	18	2.33 2.26
				19	2.35 2.27
				20	2.37 2.29

## SETTLEMENT PROVISIONS - Continued

### Option 2. Table - Continued

MONTHLY INSTALLMENTS PAYABLE						
Life Annuity		10 Years Certain and Life		Age of Payee	20 Years Certain and Life	
Male	Female	Male	Female		Male	Female
		\$2.39	\$2.31	21	\$2.39	\$2.31
		2.41	2.33	22	2.41	2.32
		2.43	2.35	23	2.43	2.34
		2.45	2.36	24	2.45	2.36
		2.48	2.38	25	2.47	2.38
		2.50	2.40	26	2.49	2.40
		2.52	2.43	27	2.52	2.42
		2.55	2.45	28	2.54	2.44
		2.58	2.47	29	2.57	2.47
		2.60	2.50	30	2.60	2.49
		2.63	2.52	31	2.62	2.52
		2.66	2.55	32	2.65	2.54
		2.69	2.57	33	2.68	2.57
		2.73	2.60	34	2.71	2.59
		2.76	2.63	35	2.75	2.63
		2.80	2.66	36	2.78	2.65
		2.83	2.69	37	2.81	2.68
		2.87	2.72	38	2.85	2.71
		2.91	2.76	39	2.89	2.75
		2.95	2.80	40	2.93	2.78
		3.00	2.83	41	2.97	2.82
		3.04	2.87	42	3.01	2.85
		3.09	2.91	43	3.05	2.89
		3.14	2.96	44	3.10	2.93
		3.19	3.00	45	3.15	2.98
		3.25	3.05	46	3.19	3.02
		3.30	3.09	47	3.24	3.06
		3.36	3.15	48	3.30	3.11
		3.42	3.20	49	3.35	3.16
		3.49	3.26	50	3.40	3.21
\$3.51	\$3.27					
3.58	3.33	3.56	3.31	51	3.46	3.26
3.66	3.39	3.63	3.38	52	3.52	3.32
3.74	3.46	3.70	3.44	53	3.58	3.37
3.82	3.53	3.78	3.51	54	3.64	3.43
3.90	3.60	3.86	3.58	55	3.70	3.49
3.99	3.68	3.95	3.65	56	3.77	3.56
4.09	3.76	4.04	3.73	57	3.84	3.62
4.19	3.85	4.13	3.82	58	3.90	3.69
4.30	3.94	4.23	3.90	59	3.97	3.76
4.42	4.04	4.34	4.00	60	4.04	3.83
4.54	4.14	4.45	4.09	61	4.11	3.90
4.67	4.25	4.56	4.20	62	4.18	3.98
4.81	4.37	4.69	4.31	63	4.25	4.05
4.96	4.50	4.81	4.42	64	4.31	4.13
5.12	4.63	4.95	4.54	65	4.38	4.20
5.29	4.77	5.09	4.67	66	4.45	4.28
5.48	4.93	5.23	4.80	67	4.51	4.35
5.67	5.09	5.39	4.95	68	4.57	4.42
5.88	5.27	5.54	5.10	69	4.62	4.49
6.10	5.46	5.70	5.25	70	4.68	4.56
6.33	5.66	5.87	5.42	71	4.73	4.62
6.58	5.88	6.04	5.59	72	4.77	4.68
6.85	6.12	6.22	5.78	73	4.81	4.74
7.13	6.38	6.39	5.96	74	4.85	4.79
7.44	6.66	6.57	6.16	75	4.88	4.83
7.76	6.96	6.75	6.36	76	4.91	4.87
8.11	7.29	6.93	6.56	77	4.94	4.90
8.48	7.64	7.11	6.76	78	4.96	4.93
8.88	8.03	7.29	6.97	79	4.98	4.95
9.31	8.44	7.46	7.17	80	4.99	4.97

### Option 3. Installments of a Set Amount.

**8.12** We will pay the Proceeds in equal or varied installments if You and We agree on the plan of payment. We will pay the installments until the Proceeds, with interest thereon, are consumed. We will compute the interest at the rate of 2.0% compounded each year.

### Option 4. Proceeds Left at Interest with Right to Withdraw Deposit.

**8.13** The Proceeds may be left on deposit with Us to earn interest, but the Payee may make withdrawals unless prohibited in the election. Any sum withdrawn must be at least \$50. The Payee may leave the interest that the deposit earns to accumulate, or He may withdraw it. The interest that each \$1,000 earns for each withdrawal period is shown in the table below. The first interest payment will be made at the end of the period elected. We will measure the period from the date We approve the claim.

Frequency of Payment	Annual	Semi-Annual	Quarterly	Monthly
Amount Payable	\$20.00	\$9.93	\$4.95	\$1.65

**8.14** When the Payee dies, any unpaid Proceeds under this option will be paid equally to the surviving members of the successive class of beneficiaries. If there are none, and You have not given Us other instructions, We will pay the rest of the Proceeds to the estate of the Payee.

**8.15** Unless the right has been denied in the election, any Proceeds held under Option 4 may be applied under any other Settlement Option

### Option 5. Joint and Last Survivor Life Income.

**8.16** The Proceeds may be paid in equal monthly installments jointly to two Payees. We will pay for a period of ten (10) years certain, and then will continue to pay the same amounts while both are alive. After the death of one Payee, We will continue to pay the survivor until He dies. If either of the Payees fails to survive the date when the payments are due to start, this option then becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.



## SETTLEMENT PROVISIONS - Continued

**8.17** The following table shows guaranteed monthly payments under this option. The table assumes equal Age of both Payees. Values for other Age combinations may be obtained from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

### Option 5. Table

JOINT AND LAST SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
30	\$2.40	\$2.33	\$2.36
35	2.51	2.44	2.47
40	2.66	2.56	2.60
45	2.83	2.72	2.77
50	3.05	2.91	2.97
51	3.10	2.96	3.02
52	3.16	3.00	3.07
53	3.21	3.05	3.12
54	3.27	3.10	3.18
55	3.33	3.16	3.23
56	3.40	3.22	3.29
57	3.47	3.28	3.36
58	3.54	3.34	3.42
59	3.61	3.41	3.49
60	3.69	3.48	3.57
61	3.78	3.55	3.65
62	3.87	3.63	3.73
63	3.97	3.71	3.82
64	4.07	3.80	3.92
65	4.17	3.90	4.02
66	4.29	4.00	4.12
67	4.41	4.10	4.23
68	4.53	4.22	4.35
69	4.66	4.34	4.48
70	4.81	4.47	4.62
71	4.95	4.61	4.76
72	5.11	4.75	4.91
73	5.27	4.91	5.07
74	5.44	5.08	5.24
75	5.62	5.25	5.41
76	5.80	5.44	5.60
77	5.99	5.63	5.80
78	6.18	5.84	6.00
79	6.38	6.05	6.20
80	6.59	6.27	6.42
81	6.79	6.49	6.63
82	6.99	6.72	6.85
83	7.20	6.95	7.07
84	7.39	7.17	7.28
85	7.59	7.39	7.49
86	7.77	7.60	7.68
87	7.95	7.80	7.87
88	8.11	7.98	8.05
89	8.27	8.16	8.21
90	8.41	8.31	8.36
91	8.54	8.46	8.50
92	8.66	8.58	8.62
93	8.77	8.70	8.73
94	8.86	8.80	8.83
95	8.94	8.89	8.92
96	9.00	8.97	8.99
97	9.06	9.03	9.05
98	9.10	9.08	9.09
99	9.13	9.12	9.13
100	9.15	9.15	9.15

### Option 6. Joint Life Income with Two-Thirds to Survivor.

**8.18** The Proceeds may be paid jointly to two Payees in equal installments while both are alive. After one dies, We will reduce one amount of income payment to two-thirds of the initial installment amount. Then We will send the survivor that amount for the rest of His life. If either of the Payees fails to survive the date when payments are due to start, this option becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.

**8.19** The following table shows guaranteed initial monthly payments per \$1,000 of Proceeds for two male or two female Payees, or for one of each sex. The table assumes Payees of the same Age. You may obtain values for other Age combinations from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

### Option 6. Table

JOINT AND TWO-THIRDS SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
30	\$2.53	\$2.44	\$2.48
35	2.68	2.56	2.62
40	2.85	2.72	2.78
45	3.07	2.90	2.98
50	3.35	3.14	3.24
51	3.40	3.19	3.29
52	3.47	3.25	3.35
53	3.54	3.31	3.42
54	3.62	3.37	3.49
55	3.69	3.44	3.56
56	3.77	3.51	3.63
57	3.86	3.58	3.71
58	3.95	3.66	3.80
59	4.05	3.74	3.88
60	4.15	3.83	3.98
61	4.26	3.92	4.08
62	4.37	4.02	4.18
63	4.49	4.13	4.30
64	4.63	4.24	4.42
65	4.77	4.36	4.55
66	4.92	4.48	4.68
67	5.07	4.62	4.83
68	5.24	4.76	4.98
69	5.42	4.92	5.15
70	5.61	5.09	5.33
71	5.82	5.27	5.52
72	6.03	5.46	5.72
73	6.26	5.67	5.94
74	6.51	5.90	6.18
75	6.77	6.14	6.43

### Option 7. Settlement as Agreed.

**8.20** We will pay the amount due in any manner that You or the Payee and We can agree upon.

**POLICY  
DESCRIPTION**

Flexible Premium Adjustable Life Insurance Policy.  
Adjustable Death Benefit.  
Cash Surrender Value, Payable at Maturity.  
Flexible Premium Payable during Lifetime of Insured Until Maturity Date.  
Death Benefit Payable at Death of Insured Prior to Maturity.  
Participating.

This Policy is a legal contract. Read Your Policy carefully.

Policyholders' meeting held at Home Office annually on second Wednesday of April beginning at 9:00 A.M.

**FOR INFORMATION,  
OR TO MAKE A COMPLAINT,  
CALL: 1-800-929-4765 or 1-210-357-2222**

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY  
2211 N.E. Loop 410  
GPM BUILDING P.O. Box 659567  
San Antonio, Texas 78265-9567**